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**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Medical Assistance Administration
Olympia, Washington**

To: Outpatient Hospitals
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No.: 03-44 MAA
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For Information Contact:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 02-98 MAA

Subject: Outpatient Hospitals: Fee Schedule Changes and Procedure Code Updates

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) has updated the maximum allowable fees for outpatient hospital services.

Effective for dates of service on and after August 1, 2003, the MAA, in accordance with the Medicare Fee Schedule Data Base, has added the following procedure codes to the list of codes that MAA will reimburse according to the maximum allowable fee schedule.

Maximum Allowable Fees

The 2003 Washington State Legislature has not appropriated a vendor rate increase for the 2004 state fiscal year. MAA used the following resources in determining the maximum allowable fees for the Year 2003:

- Year 2003 Medicare Physician Fee Schedule Data Base (MPFSDB) Relative value units;
- Year 2003 Washington State Medicare Laboratory Fee Schedule; and
- Current conversion factors.



Note: Due to its licensing agreement with the American Medical Association regarding the use of Current Procedural Terminology (CPT)[™] codes and descriptions, MAA publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

Authorization

CPT code 90378 (Synagis) no longer requires Prior Authorization.

Deleted Code

Effective for dates of service on and after August 1, 2003, CPT code 69210 (Remove impacted ear wax) has been discontinued for outpatient hospital services.

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Procedure Code	Brief Description
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Procedure Code	Brief Description
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Added Procedure Codes

The following CPT codes have been added to the outpatient hospital fee schedule and will be paid maximum allowable fees for dates of service on and after August 1, 2003:

51725	Simple cystometrogram
51726	Complex cystometrogram
51736	Urine flow measurement
51741	Electro-urowflowmetry, first
51772	Urethra pressure profile
51784	Anal/urinary muscle study
51785	Anal/urinary muscle study
51792	Urinary reflex study
51795	Urine voiding pressure study
51797	Intraabdominal pressure test
54240	Penis study
54250	Penis study
59020	Fetal contract stress test
59025	Fetal non-stress test
62367	Analyze spine infusion pump
62368	Analyze spine infusion pump
91000	Esophageal intubation
91010	Esophagus motility study
91011	Esophagus motility study
91012	Esophagus motility study
91020	Gastric motility
91030	Acid perfusion of esophagus
91032	Esophagus, acid reflux test
91033	Prolonged acid reflux test
91052	Gastric analysis test
91055	Gastric intubation for smear
91060	Gastric saline load test
91065	Breath hydrogen test
91122	Anal pressure record
91132	Electrogastrography
91133	Electrogastrography w/test

91299	Gastroenterology procedure
92060	Special eye evaluation
92065	Orthoptic/pleoptic training
92081	Visual field examination(s)
92082	Visual field examination(s)
92083	Visual field examination(s)
92135	Ophthalmic dx imaging
92136	Ophthalmic biometry
92235	Eye exam with photos
92240	Icg angiography
92250	Eye exam with photos
92265	Eye muscle evaluation
92270	Electro-oculography
92275	Electroretinography
92283	Color vision examination
92284	Dark adaptation eye exam
92285	Eye photography
92286	Internal eye photography
92499	Eye service or procedure
92700	Ent procedure/service
92978	Intravascus, heart add-on
92979	Intravascus, heart add-on
93012	Transmission of ecg
93024	Cardiac drug stress test
93226	ECG monitor/report, 24 hrs
93227	ECG monitor/review, 24 hrs
93231	Ecg monitor/record, 24 hrs
93232	ECG monitor/report, 24 hrs
93236	ECG monitor/report, 24 hrs
93270	ECG recording
93271	Ecg/monitoring and analysis

Procedure Code	Brief Description
93278	ECG/signal-averaged
93303	Echo transthoracic
93304	Echo transthoracic
93307	Echo exam of heart
93308	Echo exam of heart
93312	Echo transesophageal
93314	Echo transesophageal
93315	Echo transesophageal
93317	Echo transesophageal
93318	Echo transesophageal intraop
93320	Doppler echo exam, heart
93321	Doppler echo exam, heart
93325	Doppler color flow add-on
93350	Echo transthoracic
93501	Right heart catheterization
93505	Biopsy of heart lining
93508	Cath placement, angiography
93510	Left heart catheterization
93511	Left heart catheterization
93514	Left heart catheterization
93524	Left heart catheterization
93526	Rt & Lt heart catheters
93527	Rt & Lt heart catheters
93528	Rt & Lt heart catheters
93529	Rt, Lt heart catheterization
93530	Rt heart cath, congenital
93531	R & l heart cath, congenital
93532	R & l heart cath, congenital
93533	R & l heart cath, congenital
93555	Imaging, cardiac cath
93556	Imaging, cardiac cath
93721	Plethysmography tracing
93724	Analyze pacemaker system
93731	Analyze pacemaker system
93732	Analyze pacemaker system

Procedure Code	Brief Description
93733	Telephone analy, pacemaker
93734	Analyze pacemaker system
93735	Analyze pacemaker system
93736	Telephone analy, pacemaker
93740	Temperature gradient studies
93770	Measure venous pressure
93786	Ambulatory BP recording
93799	Cardiovascular procedure
94010	Breathing capacity test
94060	Evaluation of wheezing
94070	Evaluation of wheezing
94150	Vital capacity test
94200	Lung function test (MBC/MVV)
94240	Residual lung capacity
94250	Expired gas collection
94260	Thoracic gas volume
94350	Lung nitrogen washout curve
94360	Measure airflow resistance
94370	Breath airway closing volume
94375	Respiratory flow volume loop
94400	CO2 breathing response curve
94450	Hypoxia response curve
94620	Pulmonary stress test/simple
94621	Pulm stress test/complex
94680	Exhaled air analysis, o2
94681	Exhaled air analysis, o2/co2
94690	Exhaled air analysis
94720	Monoxide diffusing capacity
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
94770	Exhaled carbon dioxide test
94772	Breath recording, infant
94799	Pulmonary service/procedure
95812	Eeg, 41-60 minutes
95813	Eeg, over 1 hour

Procedure Code	Brief Description
95816	Eeg, awake and drowsy
95819	Eeg, awake and asleep
95822	Eeg, coma or sleep only
95824	Eeg, cerebral death only
95827	Eeg, all night recording
95829	Surgery electrocorticogram
95858	Tensilon test & myogram
95860	Muscle test, one limb
95861	Muscle test, 2 limbs
95863	Muscle test, 3 limbs
95864	Muscle test, 4 limbs
95867	Muscle test cran nerv unilat
95868	Muscle test cran nerve bilat
95869	Muscle test, thor paraspinal
95870	Muscle test, nonparaspinal
95872	Muscle test, one fiber
95875	Limb exercise test
95900	Motor nerve conduction test
95903	Motor nerve conduction test
95904	Sense nerve conduction test
95920	Intraop nerve test add-on
95921	Autonomic nerv function test
95922	Autonomic nerv function test
95923	Autonomic nerv function test

Procedure Code	Brief Description
95925	Somatosensory testing
95926	Somatosensory testing
95927	Somatosensory testing
95930	Visual evoked potential test
95933	Blink reflex test
95934	H-reflex test
95936	H-reflex test
95937	Neuromuscular junction test
95950	Ambulatory eeg monitoring
95951	EEG monitoring/videorecord
95953	EEG monitoring/computer
95954	EEG monitoring/giving drugs
95955	EEG during surgery
95956	Eeg monitoring, cable/radio
95957	EEG digital analysis
95958	EEG monitoring/function test
95961	Electrode stimulation, brain
95962	Electrode stim, brain add-on

Fee Schedule

Attached is the “July 2003 Maximum Allowable Fee Schedule for Outpatient Hospitals,” containing coverage and maximum allowable fees for this program. This fee schedule also includes the CPT codes that have been added to the Outpatient Hospital fee schedule effective for dates of service on and after August 1, 2003.

To obtain this memorandum electronically, go to MAA’s website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Outpatient Hospital Procedure Codes and Fee Schedule

<u>Procedure Code</u>	<u>Description</u>	7/1/03 <u>Maximum Allowable Fee Facility Setting</u>
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STAT Charges

STAT charges are payable when a sudden, unexpected event occurs which requires immediate action, and laboratory test results are needed to manage the patient in a true emergency situation. Tests must be specifically ordered as “STAT.” Limited to one STAT charge per episode, not once per test.

<i>S3600</i>	Stat Lab	\$3.35
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See pages F.2 through F.22 for Schedule of 2003 Procedure Codes and Maximum Allowable Fees for Outpatient Hospitals.

**Outpatient Hospital Fee Schedule
Effective July 1, 2003**

* Indicates services added to the fee schedule effective for dates of service on or after 8/1/03.

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		0003T	Cervicography	#
	PA	0010T	Tb test, gamma interferon	B.R.
		0018T	Transcranial magnetic stimul	#
		0019T	Extracorp shock wave tx, ms	#
		0020T	Extracorp shock wave tx, ft	#
		0021T	Fetal oximetry, trnsvag/cerv	#
		0023T	Phenotype drug test, hiv 1	288.18
		0024T	Transcath cardiac reduction	#
		0025T	Ultrasonic pachymetry	#
		0026T	Measure remnant lipoproteins	#
		0038T	Rad endovasc taa rpr w/cover	B.R.
		0039T	Rad s/i, endovasc taa repair	B.R.
		0040T	Rad s/i, endovasc taa prosth	B.R.
		0041T	Detect ur infect agnt w/cpas	#
		0042T	Ct perfusion w/contrast, cbf	#
		0043T	Co expired gas analysis	#
		0044T	Whole body photography	#
		36415	Routine venipuncture	2.45
		36416	Capillary blood draw	2.45
		36540	Collect blood venous device	2.45
		36600	Withdrawal of arterial blood	9.55
		38204	BI donor search management	Bundled
		38207	Cryopreserve stem cells	B.R.
		38208	Thaw preserved stem cells	B.R.
		38209	Wash harvest stem cells	B.R.
		38210	T-cell depletion of harvest	B.R.
		38211	Tumor cell deplete of harvst	B.R.
		38212	Rbc depletion of harvest	B.R.
		38213	Platelet deplete of harvest	B.R.
		38214	Volume deplete of harvest	B.R.
		38215	Harvest stem cell concentrtr	B.R.
*		51725	Simple cystometrogram	156.52
*		51726	Complex cystometrogram	147.65
*		51736	Urine flow measurement	7.96
*		51741	Electro-uroflowmetry, first	9.78
*		51772	Urethra pressure profile	132.86
*		51784	Anal/urinary muscle study	109.43
*		51785	Anal/urinary muscle study	109.88
*		51792	Urinary reflex study	117.16
*		51795	Urine voiding pressure study	143.55
*		51797	Intraabdominal pressure test	87.36
*		54240	Penis study	33.21
*		54250	Penis study	#
*		59020	Fetal contract stress test	13.42

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
*		59025	Fetal non-stress test	11.40
		62252	Csf shunt reprogram	25.48
*		62367	Analyze spine infusion pump	17.29
*		62368	Analyze spine infusion pump	26.62
		64550	Apply neurostimulator	5.46
		70010	Contrast x-ray of brain	102.38
		70015	Contrast x-ray of brain	32.08
		70030	X-ray eye for foreign body	10.01
		70100	X-ray exam of jaw	12.29
		70110	X-ray exam of jaw	14.79
		70120	X-ray exam of mastoids	14.79
		70130	X-ray exam of mastoids	18.65
		70134	X-ray exam of middle ear	17.75
		70140	X-ray exam of facial bones	14.79
		70150	X-ray exam of facial bones	18.65
		70160	X-ray exam of nasal bones	12.29
		70170	X-ray exam of tear duct	22.75
		70190	X-ray exam of eye sockets	14.79
		70200	X-ray exam of eye sockets	18.65
		70210	X-ray exam of sinuses	14.79
		70220	X-ray exam of sinuses	18.65
		70240	X-ray exam, pituitary saddle	10.01
		70250	X-ray exam of skull	14.79
		70260	X-ray exam of skull	21.38
		70300	X-ray exam of teeth	6.37
		70310	X-ray exam of teeth	10.01
		70320	Full mouth x-ray of teeth	18.65
		70328	X-ray exam of jaw joint	11.60
		70330	X-ray exam of jaw joints	20.02
		70332	X-ray exam of jaw joint	49.82
	EPA	70336	Magnetic image, jaw joint	265.49
		70350	X-ray head for orthodontia	9.10
		70355	Panoramic x-ray of jaws	13.65
		70360	X-ray exam of neck	10.01
		70370	Throat x-ray & fluoroscopy	30.94
		70371	Speech evaluation, complex	49.82
		70373	Contrast x-ray of larynx	42.32
		70380	X-ray exam of salivary gland	15.92
		70390	X-ray exam of salivary duct	42.32
		70450	Ct head/brain w/o dye	111.93
		70460	Ct head/brain w/dye	134.00
		70470	Ct head/brain w/o&w dye	167.44
		70480	Ct orbit/ear/fossa w/o dye	111.93
		70481	Ct orbit/ear/fossa w/dye	134.00
		70482	Ct orbit/ear/fossa w/o&w dye	167.44
		70486	Ct maxillofacial w/o dye	111.93
		70487	Ct maxillofacial w/dye	134.00
		70488	Ct maxillofacial w/o&w dye	167.44
		70490	Ct soft tissue neck w/o dye	111.93
		70491	Ct soft tissue neck w/dye	134.00

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		70492	Ct sft tsue nck w/o & w/dye	167.44
		70496	Ct angiography, head	251.39
		70498	Ct angiography, neck	251.39
	EPA	70540	Mri orbit/face/neck w/o dye	262.31
	EPA	70542	Mri orbit/face/neck w/dye	314.63
	EPA	70543	Mri orbt/fac/nck w/o&w dye	582.40
	EPA	70544	Mr angiography head w/o dye	265.49
	EPA	70545	Mr angiography head w/dye	265.49
	EPA	70546	Mr angiograph head w/o&w dye	521.88
	EPA	70547	Mr angiography neck w/o dye	265.49
	EPA	70548	Mr angiography neck w/dye	265.49
	EPA	70549	Mr angiograph neck w/o&w dye	521.88
	EPA	70551	Mri brain w/o dye	265.49
	EPA	70552	Mri brain w/dye	318.05
	EPA	70553	Mri brain w/o&w dye	589.45
		71010	Chest x-ray	11.15
		71015	Chest x-ray	12.29
		71020	Chest x-ray	14.79
		71021	Chest x-ray	17.75
		71022	Chest x-ray	17.75
		71023	Chest x-ray and fluoroscopy	18.65
		71030	Chest x-ray	18.65
		71034	Chest x-ray and fluoroscopy	34.13
		71035	Chest x-ray	12.29
		71040	Contrast x-ray of bronchi	34.58
		71060	Contrast x-ray of bronchi	52.55
		71090	X-ray & pacemaker insertion	40.04
		71100	X-ray exam of ribs	13.65
		71101	X-ray exam of ribs/chest	15.92
		71110	X-ray exam of ribs	18.65
		71111	X-ray exam of ribs/ chest	21.38
		71120	X-ray exam of breastbone	15.47
		71130	X-ray exam of breastbone	16.84
		71250	Ct thorax w/o dye	139.91
		71260	Ct thorax w/dye	167.44
		71270	Ct thorax w/o&w dye	209.53
		71275	Ct angiography, chest	289.38
	EPA	71550	Mri chest w/o dye	263.22
		71551	Mri chest w/dye	315.54
		71552	Mri chest w/o&w/dye	579.90
	EPA	71555	Mri angio chest w or w/o dye	265.49
		72010	X-ray exam of spine	24.34
		72020	X-ray exam of spine	10.01
		72040	X-ray exam of neck spine	14.33
		72050	X-ray exam of neck spine	21.38
		72052	X-ray exam of neck spine	26.62
		72069	X-ray exam of trunk spine	11.60
		72070	X-ray exam of thoracic spine	15.47
		72072	X-ray exam of thoracic spine	17.75
		72074	X-ray exam of thoracic spine	21.84

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		72080	X-ray exam of trunk spine	15.92
		72090	X-ray exam of trunk spine	15.92
		72100	X-ray exam of lower spine	15.92
		72110	X-ray exam of lower spine	21.84
		72114	X-ray exam of lower spine	27.98
		72120	X-ray exam of lower spine	21.38
		72125	Ct neck spine w/o dye	139.91
		72126	Ct neck spine w/dye	167.44
		72127	Ct neck spine w/o&w/dye	209.53
		72128	Ct chest spine w/o dye	139.91
		72129	Ct chest spine w/dye	167.44
		72130	Ct chest spine w/o&w/dye	209.53
		72131	Ct lumbar spine w/o dye	139.91
		72132	Ct lumbar spine w/dye	167.44
		72133	Ct lumbar spine w/o&w/dye	209.53
	EPA	72141	Mri neck spine w/o dye	265.49
	EPA	72142	Mri neck spine w/dye	318.05
	EPA	72146	Mri chest spine w/o dye	294.38
	EPA	72147	Mri chest spine w/dye	318.05
	EPA	72148	Mri lumbar spine w/o dye	294.38
	EPA	72149	Mri lumbar spine w/dye	318.05
	EPA	72156	Mri neck spine w/o&w/dye	589.45
	EPA	72157	Mri chest spine w/o&w/dye	589.45
	EPA	72158	Mri lumbar spine w/o&w/dye	589.45
	EPA	72159	Mr angio spine w/o&w/dye	294.38
		72170	X-ray exam of pelvis	12.29
		72190	X-ray exam of pelvis	15.92
		72191	Ct angiograph pelv w/o&w/dye	280.96
		72192	Ct pelvis w/o dye	139.91
		72193	Ct pelvis w/dye	162.21
		72194	Ct pelvis w/o&w/dye	200.88
	EPA	72195	Mri pelvis w/o dye	263.22
	EPA	72196	Mri pelvis w/dye	315.54
	EPA	72197	Mri pelvis w/o & w/dye	583.54
	EPA	72198	Mr angio pelvis w/o&w/dye	265.49
		72200	X-ray exam sacroiliac joints	12.29
		72202	X-ray exam sacroiliac joints	14.79
		72220	X-ray exam of tailbone	13.65
		72240	Contrast x-ray of neck spine	112.61
		72255	Contrast x-ray, thorax spine	102.38
		72265	Contrast x-ray, lower spine	96.46
		72270	Contrast x-ray of spine	144.46
		72275	Epidurography	51.19
		72285	X-ray c/t spine disk	198.61
		72295	X-ray of lower spine disk	185.87
		73000	X-ray exam of collar bone	12.29
		73010	X-ray exam of shoulder blade	12.29
		73020	X-ray exam of shoulder	11.15
		73030	X-ray exam of shoulder	13.65
		73040	Contrast x-ray of shoulder	49.82

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		73050	X-ray exam of shoulders	15.92
		73060	X-ray exam of humerus	13.65
		73070	X-ray exam of elbow	12.29
		73080	X-ray exam of elbow	13.65
		73085	Contrast x-ray of elbow	49.82
		73090	X-ray exam of forearm	12.29
		73092	X-ray exam of arm, infant	11.60
		73100	X-ray exam of wrist	11.60
		73110	X-ray exam of wrist	12.51
		73115	Contrast x-ray of wrist	37.54
		73120	X-ray exam of hand	11.60
		73130	X-ray exam of hand	12.51
		73140	X-ray exam of finger(s)	10.01
		73200	Ct upper extremity w/o dye	117.39
		73201	Ct upper extremity w/dye	139.91
		73202	Ct uppr extremity w/o&w/dye	175.63
		73206	Ct angio upr extrm w/o&w/dye	256.85
	EPA	73218	Mri upper extremity w/o dye	262.31
	EPA	73219	Mri upper extremity w/dye	314.63
	EPA	73220	Mri uppr extremity w/o&w/dye	582.40
	EPA	73221	Mri joint upr extrem w/o dye	262.31
	EPA	73222	Mri joint upr extrem w/dye	314.63
	EPA	73223	Mri joint upr extr w/o&w/dye	582.40
	EPA	73225	Mr angio upr extr w/o&w/dye	265.49
		73500	X-ray exam of hip	11.15
		73510	X-ray exam of hip	13.65
		73520	X-ray exam of hips	15.92
		73525	Contrast x-ray of hip	49.82
		73530	X-ray exam of hip	12.29
		73540	X-ray exam of pelvis & hips	13.65
		73542	X-ray exam, sacroiliac joint	49.82
		73550	X-ray exam of thigh	13.65
		73560	X-ray exam of knee, 1 or 2	12.29
		73562	X-ray exam of knee, 3	13.65
		73564	X-ray exam, knee, 4 or more	14.79
		73565	X-ray exam of knees	11.60
		73580	Contrast x-ray of knee joint	62.11
		73590	X-ray exam of lower leg	12.29
		73592	X-ray exam of leg, infant	11.60
		73600	X-ray exam of ankle	11.60
		73610	X-ray exam of ankle	12.51
		73615	Contrast x-ray of ankle	49.82
		73620	X-ray exam of foot	11.60
		73630	X-ray exam of foot	12.51
		73650	X-ray exam of heel	11.15
		73660	X-ray exam of toe(s)	10.01
		73700	Ct lower extremity w/o dye	117.39
		73701	Ct lower extremity w/dye	139.91
		73702	Ct lwr extremity w/o&w/dye	175.63
		73706	Ct angio lwr extr w/o&w/dye	256.85

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
	EPA	73718	Mri lower extremity w/o dye	262.31
	EPA	73719	Mri lower extremity w/dye	314.63
	EPA	73720	Mri lwr extremity w/o&w/dye	582.40
	EPA	73721	Mri jnt of lwr extre w/o dye	262.31
	EPA	73722	Mri joint of lwr extr w/dye	314.63
	EPA	73723	Mri joint lwr extr w/o&w/dye	582.40
	EPA	73725	Mr ang lwr ext w or w/o dye	265.49
		74000	X-ray exam of abdomen	12.29
		74010	X-ray exam of abdomen	13.65
		74020	X-ray exam of abdomen	14.79
		74022	X-ray exam series, abdomen	17.75
		74150	Ct abdomen w/o dye	134.00
		74160	Ct abdomen w/dye	162.21
		74170	Ct abdomen w/o&w/dye	200.88
		74175	Ct angio abdom w/o&w/dye	280.96
	EPA	74181	Mri abdomen w/o dye	263.22
	EPA	74182	Mri abdomen w/dye	315.54
	EPA	74183	Mri abdomen w/o&w/dye	583.54
	EPA	74185	Mri angio, abdom w or w/o dy	265.49
		74190	X-ray exam of peritoneum	30.94
		74210	Contrst x-ray exam of throat	27.98
		74220	Contrast x-ray, esophagus	27.98
		74230	Cine/vid x-ray, throat/esoph	30.94
		74235	Remove esophagus obstruction	62.11
		74240	X-ray exam, upper gi tract	34.58
		74241	X-ray exam, upper gi tract	35.26
		74245	X-ray exam, upper gi tract	56.42
		74246	Contrst x-ray uppr gi tract	38.90
		74247	Contrst x-ray uppr gi tract	40.04
		74249	Contrst x-ray uppr gi tract	60.97
		74250	X-ray exam of small bowel	30.94
		74251	X-ray exam of small bowel	30.94
		74260	X-ray exam of small bowel	35.26
		74270	Contrast x-ray exam of colon	40.49
		74280	Contrast x-ray exam of colon	53.01
		74283	Contrast x-ray exam of colon	60.74
		74290	Contrast x-ray, gallbladder	17.75
		74291	Contrast x-rays, gallbladder	10.01
		74300	X-ray bile ducts/pancreas	13.65
		74301	X-rays at surgery add-on	7.74
		74305	X-ray bile ducts/pancreas	18.65
		74320	Contrast x-ray of bile ducts	74.39
		74327	X-ray bile stone removal	41.86
		74328	X-ray bile duct endoscopy	74.39
		74329	X-ray for pancreas endoscopy	74.39
		74330	X-ray bile/panc endoscopy	74.39
		74340	X-ray guide for GI tube	62.11
		74350	X-ray guide, stomach tube	74.39
		74355	X-ray guide, intestinal tube	62.11
		74360	X-ray guide, GI dilation	74.39

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		74363	X-ray, bile duct dilation	144.46
		74400	Contrst x-ray, urinary tract	40.04
		74410	Contrst x-ray, urinary tract	46.18
		74415	Contrst x-ray, urinary tract	50.28
		74420	Contrst x-ray, urinary tract	62.11
		74425	Contrst x-ray, urinary tract	30.94
		74430	Contrast x-ray, bladder	24.80
		74440	X-ray, male genital tract	26.62
		74445	X-ray exam of penis	26.62
		74450	X-ray, urethra/bladder	34.58
		74455	X-ray, urethra/bladder	37.54
		74470	X-ray exam of kidney lesion	29.57
		74475	X-ray control, cath insert	96.46
		74480	X-ray control, cath insert	96.46
		74485	X-ray guide, GU dilation	74.39
		74710	X-ray measurement of pelvis	24.80
		74740	X-ray, female genital tract	30.94
		74742	X-ray, fallopian tube	74.39
		74775	X-ray exam of perineum	34.58
	EPA	75552	Heart mri for morph w/o dye	265.49
	EPA	75553	Heart mri for morph w/dye	265.49
	EPA	75554	Cardiac MRI/function	265.49
	EPA	75555	Cardiac MRI/limited study	265.49
	EPA	75556	Cardiac MRI/flow mapping	B.R.
		75600	Contrast x-ray exam of aorta	298.25
		75605	Contrast x-ray exam of aorta	298.25
		75625	Contrast x-ray exam of aorta	298.25
		75630	X-ray aorta, leg arteries	310.99
		75635	Ct angio abdominal arteries	370.14
		75650	Artery x-rays, head & neck	298.25
		75658	Artery x-rays, arm	298.25
		75660	Artery x-rays, head & neck	298.25
		75662	Artery x-rays, head & neck	298.25
		75665	Artery x-rays, head & neck	298.25
		75671	Artery x-rays, head & neck	298.25
		75676	Artery x-rays, neck	298.25
		75680	Artery x-rays, neck	298.25
		75685	Artery x-rays, spine	298.25
		75705	Artery x-rays, spine	298.25
		75710	Artery x-rays, arm/leg	298.25
		75716	Artery x-rays, arms/legs	298.25
		75722	Artery x-rays, kidney	298.25
		75724	Artery x-rays, kidneys	298.25
		75726	Artery x-rays, abdomen	298.25
		75731	Artery x-rays, adrenal gland	298.25
		75733	Artery x-rays, adrenals	298.25
		75736	Artery x-rays, pelvis	298.25
		75741	Artery x-rays, lung	298.25
		75743	Artery x-rays, lungs	298.25
		75746	Artery x-rays, lung	298.25

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		75756	Artery x-rays, chest	298.25
		75774	Artery x-ray, each vessel	298.25
		75790	Visualize A-V shunt	32.08
		75801	Lymph vessel x-ray, arm/leg	128.31
		75803	Lymph vessel x-ray, arms/legs	128.31
		75805	Lymph vessel x-ray, trunk	144.46
		75807	Lymph vessel x-ray, trunk	144.46
		75809	Nonvascular shunt, x-ray	18.65
		75810	Vein x-ray, spleen/liver	298.25
		75820	Vein x-ray, arm/leg	22.75
		75822	Vein x-ray, arms/legs	35.04
		75825	Vein x-ray, trunk	298.25
		75827	Vein x-ray, chest	298.25
		75831	Vein x-ray, kidney	298.25
		75833	Vein x-ray, kidneys	298.25
		75840	Vein x-ray, adrenal gland	298.25
		75842	Vein x-ray, adrenal glands	298.25
		75860	Vein x-ray, neck	298.25
		75870	Vein x-ray, skull	298.25
		75872	Vein x-ray, skull	298.25
		75880	Vein x-ray, eye socket	22.75
		75885	Vein x-ray, liver	298.25
		75887	Vein x-ray, liver	298.25
		75889	Vein x-ray, liver	298.25
		75891	Vein x-ray, liver	298.25
		75893	Venous sampling by catheter	298.25
		75894	X-rays, transcath therapy	571.48
		75896	X-rays, transcath therapy	497.09
		75898	Follow-up angiography	24.80
		75900	Arterial catheter exchange	496.63
		75901	Remove cva device obstruct	42.32
		75902	Remove cva lumen obstruct	42.32
		75940	X-ray placement, vein filter	298.25
		75945	Intravascular us	108.29
		75946	Intravascular us add-on	54.37
		75952	Endovasc repair abdom aorta	B.R.
		75953	Abdom aneurysm endovas rpr	B.R.
		75954	Iliac aneurysm endovas rpr	B.R.
		75960	Transcatheter intro, stent	352.85
		75961	Retrieval, broken catheter	248.88
		75962	Repair arterial blockage	372.87
		75964	Repair artery blockage, each	198.84
		75966	Repair arterial blockage	372.87
		75968	Repair artery blockage, each	198.84
		75970	Vascular biopsy	273.23
		75978	Repair venous blockage	372.87
		75980	Contrast xray exam bile duct	128.31
		75982	Contrast xray exam bile duct	144.46
		75984	Xray control catheter change	46.18
		75989	Abscess drainage under x-ray	74.39

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		75992	Atherectomy, x-ray exam	372.87
		75993	Atherectomy, x-ray exam	198.84
		75994	Atherectomy, x-ray exam	372.87
		75995	Atherectomy, x-ray exam	372.87
		75996	Atherectomy, x-ray exam	198.84
		76000	Fluoroscope examination	30.94
		76001	Fluoroscope exam, extensive	62.11
		76003	Needle localization by x-ray	30.94
		76005	Fluoroguide for spine inject	30.94
		76006	X-ray stress view	14.33
		76010	X-ray, nose to rectum	12.29
		76012	Percut vertebroplasty fluor	#
		76013	Percut vertebroplasty, ct	#
		76020	X-rays for bone age	12.29
		76040	X-rays, bone evaluation	18.65
		76061	X-rays, bone survey	23.89
		76062	X-rays, bone survey	34.13
		76065	X-rays, bone evaluation	17.75
		76066	Joint survey, single view	26.16
		76070	Ct bone density, axial	69.84
		76071	Ct bone density, peripheral	68.25
		76075	Dexa, axial skeleton study	73.26
		76076	Dexa, peripheral study	17.97
		76078	Radiographic absorptiometry	17.97
		76080	X-ray exam of fistula	24.80
		76085	Computer mammogram add-on	9.78
		76086	X-ray of mammary duct	62.11
		76088	X-ray of mammary ducts	86.91
		76090	Mammogram, one breast	24.80
		76091	Mammogram, both breasts	30.94
		76092	Mammogram, screening	28.89
	EPA	76093	Magnetic image, breast	417.24
	EPA	76094	Magnetic image, both breasts	565.79
		76095	Stereotactic breast biopsy	169.49
		76096	X-ray of needle wire, breast	30.94
		76098	X-ray exam, breast specimen	10.01
		76100	X-ray exam of body section	29.57
		76101	Complex body section x-ray	33.67
		76102	Complex body section x-rays	41.18
		76120	Cine/video x-rays	24.80
		76125	Cine/video x-rays add-on	18.65
		76140	X-ray consultation	#
		76150	X-ray exam, dry process	10.01
		76350	Special x-ray contrast study	B.R.
		76355	CAT scan for localization	195.42
		76360	CAT scan for needle biopsy	195.42
		76362	Cat scan for tissue ablation	210.66
		76370	CAT scan for therapy guide	69.84
		76375	3d/holograph reconstr add-on	83.72
		76380	CAT scan follow-up study	82.81

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		76390	Mr spectroscopy	265.49
		76393	Mr guidance for needle place	265.04
		76394	Mri for tissue ablation	279.82
	EPA	76400	Magnetic image, bone marrow	265.49
		76490	Us for tissue ablation	39.13
		76496	Fluoroscopic procedure	B.R.
		76497	Ct procedure	B.R.
	EPA	76498	Mri procedure	B.R.
		76499	Radiographic procedure	B.R.
		76506	Echo exam of head	33.67
		76511	Echo exam of eye	51.19
		76512	Echo exam of eye	53.01
		76513	Echo exam of eye, water bath	58.92
		76516	Echo exam of eye	44.36
		76519	Echo exam of eye	39.81
		76529	Echo exam of eye	51.19
		76536	Us exam of head and neck	33.67
		76604	Us exam, chest, b-scan	30.94
		76645	Us exam, breast(s)	24.80
		76700	Us exam, abdom, complete	46.64
		76705	Echo exam of abdomen	33.67
		76770	Us exam abdo back wall, comp	46.64
		76775	Us eam abdo back wall, lim	33.67
		76778	Us exam kidney transplant	46.64
		76800	Us exam, spinal canal	33.67
		76801	Ob us < 14 wks, single fetus	25.71
		76802	Ob us < 14 wks, addl fetus	18.20
		76805	Ob us >= 14 wks, sngl fetus	49.82
		76810	Ob us >= 14 wks, addl fetus	27.07
		76811	Ob us, detailed, sngl fetus	87.13
		76812	Ob us, detailed, addl fetus	30.03
		76815	Ob us, limited, fetus(s)	33.67
		76816	Ob us, follow-up, per fetus	26.16
		76817	Transvaginal us, obstetric	35.72
		76818	Fetal biophys profile w/nst	38.45
		76819	Fetal biophys profil w/o nst	38.45
		76825	Echo exam of fetal heart	46.64
		76826	Echo exam of fetal heart	17.06
		76827	Echo exam of fetal heart	41.18
		76828	Echo exam of fetal heart	26.62
		76830	Transvaginal us, non-ob	36.17
		76831	Echo exam, uterus	36.17
		76856	Us exam, pelvic, complete	36.17
		76857	Us exam, pelvic, limited	45.95
		76870	Us exam, scrotum	36.17
		76872	Echo exam, transrectal	37.77
		76873	Echograp trans r, pros study	50.51
		76880	Us exam, extremity	33.67
		76885	Us exam infant hips, dynamic	36.17
		76886	Us exam infant hips, static	33.67

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		76930	Echo guide, cardiocentesis	36.17
		76932	Echo guide for heart biopsy	36.17
		76936	Echo guide for artery repair	149.24
		76941	Echo guide for transfusion	36.17
		76942	Echo guide for biopsy	69.39
		76945	Echo guide, villus sampling	36.17
		76946	Echo guide for amniocentesis	36.17
		76948	Echo guide, ova aspiration	36.17
		76950	Echo guidance radiotherapy	30.94
		76965	Echo guidance radiotherapy	131.72
		76970	Ultrasound exam follow-up	24.80
		76975	GI endoscopic ultrasound	36.17
		76977	Us bone density measure	19.57
		76986	Ultrasound guide intraoper	62.11
		76999	Echo examination procedure	B.R.
		77261	Radiation therapy planning	44.82
		77262	Radiation therapy planning	67.57
		77263	Radiation therapy planning	99.87
		77280	Set radiation therapy field	82.13
		77285	Set radiation therapy field	131.95
		77290	Set radiation therapy field	154.25
		77295	Set radiation therapy field	661.80
		77299	Radiation therapy planning	B.R.
		77300	Radiation therapy dose plan	31.62
		77301	Radiotherapy dose plan, imrt	661.80
		77305	Teletx isodose plan simple	44.13
		77310	Teletx isodose plan intermed	55.28
		77315	Teletx isodose plan complex	63.02
		77321	Special teletx port plan	95.55
		77326	Brachytx isodose calc simp	55.96
		77327	Brachytx isodose calc interm	82.13
		77328	Brachytx isodose plan compl	117.39
		77331	Special radiation dosimetry	11.83
		77332	Radiation treatment aid(s)	31.62
		77333	Radiation treatment aid(s)	45.05
		77334	Radiation treatment aid(s)	76.89
		77336	Radiation physics consult	70.75
		77370	Radiation physics consult	82.58
		77399	External radiation dosimetry	B.R.
		77401	Radiation treatment delivery	42.09
		77402	Radiation treatment delivery	42.09
		77403	Radiation treatment delivery	42.09
		77404	Radiation treatment delivery	42.09
		77406	Radiation treatment delivery	42.09
		77407	Radiation treatment delivery	49.60
		77408	Radiation treatment delivery	49.60
		77409	Radiation treatment delivery	49.60
		77411	Radiation treatment delivery	49.60
		77412	Radiation treatment delivery	55.28
		77413	Radiation treatment delivery	55.28

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		77414	Radiation treatment delivery	55.28
		77416	Radiation treatment delivery	55.28
		77417	Radiology port film(s)	14.11
		77418	Radiation tx delivery, imrt	415.19
		77427	Radiation tx management, x5	102.83
		77431	Radiation therapy management	58.24
		77432	Stereotactic radiation trmt	254.80
		77470	Special radiation treatment	264.13
		77499	Radiation therapy management	B.R.
		77520	Proton trmt, simple w/o comp	B.R.
		77522	Proton trmt, simple w/comp	B.R.
		77523	Proton trmt, intermediate	B.R.
		77525	Proton treatment, complex	B.R.
		77600	Hyperthermia treatment	72.34
		77605	Hyperthermia treatment	96.23
		77610	Hyperthermia treatment	72.34
		77615	Hyperthermia treatment	96.23
		77620	Hyperthermia treatment	72.34
		77750	Infuse radioactive materials	31.62
		77761	Apply intrcav radiat simple	59.61
		77762	Apply intrcav radiat interm	85.54
		77763	Apply intrcav radiat compl	106.24
		77776	Apply interstit radiat simpl	51.87
		77777	Apply interstit radiat inter	100.33
		77778	Apply interstit radiat compl	121.49
		77781	High intensity brachytherapy	480.94
		77782	High intensity brachytherapy	480.94
		77783	High intensity brachytherapy	480.94
		77784	High intensity brachytherapy	480.94
		77789	Apply surface radiation	10.69
		77790	Radiation handling	11.83
		77799	Radium/radioisotope therapy	B.R.
		78000	Thyroid, single uptake	23.21
		78001	Thyroid, multiple uptakes	30.94
		78003	Thyroid suppress/stimul	23.21
		78006	Thyroid imaging with uptake	56.42
		78007	Thyroid image, mult uptakes	60.97
		78010	Thyroid imaging	43.23
		78011	Thyroid imaging with flow	57.10
		78015	Thyroid met imaging	60.97
		78016	Thyroid met imaging/studies	82.36
		78018	Thyroid met imaging, body	128.54
		78020	Thyroid met uptake	32.08
		78070	Parathyroid nuclear imaging	43.23
		78075	Adrenal nuclear imaging	128.54
		78099	Endocrine nuclear procedure	B.R.
		78102	Bone marrow imaging, ltd	48.46
		78103	Bone marrow imaging, mult	74.85
		78104	Bone marrow imaging, body	96.46
		78110	Plasma volume, single	22.75

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		78111	Plasma volume, multiple	60.97
		78120	Red cell mass, single	41.18
		78121	Red cell mass, multiple	68.93
		78122	Blood volume	108.97
		78130	Red cell survival study	67.57
		78135	Red cell survival kinetics	115.57
		78140	Red cell sequestration	93.27
		78160	Plasma iron turnover	86.91
		78162	Radioiron absorption exam	75.76
		78170	Red cell iron utilization	125.58
		78172	Total body iron estimation	20.02
		78185	Spleen imaging	55.96
		78190	Platelet survival, kinetics	135.36
		78191	Platelet survival	173.35
		78195	Lymph system imaging	96.46
		78199	Blood/lymph nuclear exam	B.R.
		78201	Liver imaging	55.96
		78202	Liver imaging with flow	68.25
		78205	Liver imaging (3D)	139.91
		78206	Liver image (3d) with flow	136.95
		78215	Liver and spleen imaging	69.61
		78216	Liver & spleen image/flow	82.36
		78220	Liver function study	88.04
		78223	Hepatobiliary imaging	86.91
		78230	Salivary gland imaging	51.87
		78231	Serial salivary imaging	74.85
		78232	Salivary gland function exam	83.72
		78258	Esophageal motility study	68.25
		78261	Gastric mucosa imaging	97.14
		78262	Gastroesophageal reflux exam	100.78
		78264	Gastric emptying study	97.83
		78267	Breath tst attain/anal c-14	8.89
		78268	Breath test analysis, c-14	76.23
		78270	Vit B-12 absorption exam	36.86
		78271	Vit b-12 absrp exam, int fac	38.90
		78272	Vit B-12 absorp, combined	55.06
		78278	Acute GI blood loss imaging	115.57
		78282	GI protein loss exam	14.79
		78290	Meckel's divert exam	72.34
		78291	Leveen/shunt patency exam	72.57
		78299	GI nuclear procedure	B.R.
		78300	Bone imaging, limited area	59.15
		78305	Bone imaging, multiple areas	86.91
		78306	Bone imaging, whole body	101.24
		78315	Bone imaging, 3 phase	113.30
		78320	Bone imaging (3D)	139.91
		78350	Bone mineral, single photon	17.97
		78351	Bone mineral, dual photon	9.78
		78399	Musculoskeletal nuclear exam	B.R.
		78414	Non-imaging heart function	17.29

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		78428	Cardiac shunt imaging	53.46
		78445	Vascular flow imaging	44.13
		78455	Venous thrombosis study	94.41
		78456	Acute venous thrombus image	95.55
		78457	Venous thrombosis imaging	63.02
		78458	Ven thrombosis images, bilat	95.09
		78459	Heart muscle imaging (PET)	#
		78460	Heart muscle blood, single	55.96
		78461	Heart muscle blood, multiple	111.93
		78464	Heart image (3d), single	167.44
		78465	Heart image (3d), multiple	279.14
		78466	Heart infarct image	62.11
		78468	Heart infarct image (ef)	86.91
		78469	Heart infarct image (3D)	123.53
		78472	Gated heart, planar, single	130.59
		78473	Gated heart, multiple	195.42
		78478	Heart wall motion add-on	37.08
		78480	Heart function add-on	37.08
		78481	Heart first pass, single	123.53
		78483	Heart first pass, multiple	186.10
		78491	Heart image (pet), single	#
		78492	Heart image (pet), multiple	#
		78494	Heart image, spect	166.30
		78496	Heart first pass add-on	166.30
		78499	Cardiovascular nuclear exam	B.R.
		78580	Lung perfusion imaging	81.22
		78584	Lung V/Q image single breath	75.76
		78585	Lung V/Q imaging	133.54
		78586	Aerosol lung image, single	61.43
		78587	Aerosol lung image, multiple	66.66
		78588	Perfusion lung image	75.76
		78591	Vent image, 1 breath, 1 proj	67.57
		78593	Vent image, 1 proj, gas	81.67
		78594	Vent image, mult proj, gas	117.85
		78596	Lung differential function	167.44
		78599	Respiratory nuclear exam	B.R.
		78600	Brain imaging, ltd static	68.25
		78601	Brain imaging, ltd w/ flow	80.76
		78605	Brain imaging, complete	80.76
		78606	Brain imaging, compl w/flow	91.68
		78607	Brain imaging (3D)	155.38
		78608	Brain imaging (PET)	#
		78609	Brain imaging (PET)	#
		78610	Brain flow imaging only	37.54
		78615	Cerebral vascular flow image	91.23
		78630	Cerebrospinal fluid scan	119.44
		78635	CSF ventriculography	60.29
		78645	CSF shunt evaluation	81.22
		78647	Cerebrospinal fluid scan	139.91
		78650	CSF leakage imaging	109.88

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		78660	Nuclear exam of tear flow	50.28
		78699	Nervous system nuclear exam	B.R.
		78700	Kidney imaging, static	72.34
		78701	Kidney imaging with flow	84.17
		78704	Imaging renogram	93.73
		78707	Kidney flow/function image	105.79
		78708	Kidney flow/function image	105.79
		78709	Kidney flow/function image	105.79
		78710	Kidney imaging (3D)	139.91
		78715	Renal vascular flow exam	37.54
		78725	Kidney function study	42.32
		78730	Urinary bladder retention	34.58
		78740	Ureteral reflux study	50.28
		78760	Testicular imaging	63.47
		78761	Testicular imaging/flow	75.76
		78799	Genitourinary nuclear exam	B.R.
		78800	Tumor imaging, limited area	80.76
		78801	Tumor imaging, mult areas	100.10
		78802	Tumor imaging, whole body	131.04
		78803	Tumor imaging (3D)	155.38
		78805	Abscess imaging, ltd area	80.76
		78806	Abscess imaging, whole body	152.43
		78807	Nuclear localization/abscess	155.38
	PA	78810	Tumor imaging (PET)	1,584.20
		78890	Nuclear medicine data proc	Bundled
		78891	Nuclear med data proc	Bundled
		78990	Provide diag radionuclide(s)	#
		78999	Nuclear diagnostic exam	B.R.
		79000	Init hyperthyroid therapy	62.11
		79001	Repeat hyperthyroid therapy	30.94
		79020	Thyroid ablation	62.11
		79030	Thyroid ablation, carcinoma	62.11
		79035	Thyroid metastatic therapy	62.11
		79100	Hematopoetic nuclear therapy	62.11
		79200	Intracavitary nuclear trmt	62.11
		79300	Interstitial nuclear therapy	62.11
		79400	Nonhemato nuclear therapy	62.11
		79420	Intravascular nuclear ther	57.33
		79440	Nuclear joint therapy	62.11
		79900	Provide ther radiopharm(s)	#
		79999	Nuclear medicine therapy	B.R.
		80048	Basic metabolic panel	7.23
		80050	General health panel	37.40
		80051	Electrolyte panel	7.23
		80053	Comprehen metabolic panel	9.66
		80055	Obstetric panel	54.82
		80061	Lipid panel	15.16
		80069	Renal function panel	7.23
		80074	Acute hepatitis panel	53.90
		80076	Hepatic function panel	7.23

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		80100	Drug screen, qualitate/multi	16.46
		80101	Drug screen, single	15.58
		80102	Drug confirmation	14.99
		80103	Drug analysis, tissue prep	B.R.
		80150	Assay of amikacin	17.06
		80152	Assay of amitriptyline	20.26
		80154	Assay of benzodiazepines	20.93
		80156	Assay, carbamazepine, total	16.48
		80157	Assay, carbamazepine, free	11.25
		80158	Assay of cyclosporine	20.44
		80160	Assay of desipramine	19.48
		80162	Assay of digoxin	15.03
		80164	Assay, dipropylacetic acid	15.33
		80166	Assay of doxepin	17.54
		80168	Assay of ethosuximide	18.49
		80170	Assay of gentamicin	18.55
		80172	Assay of gold	18.44
		80173	Assay of haloperidol	16.48
		80174	Assay of imipramine	19.48
		80176	Assay of lidocaine	16.62
		80178	Assay of lithium	7.48
		80182	Assay of nortriptyline	15.33
		80184	Assay of phenobarbital	12.97
		80185	Assay of phenytoin, total	15.00
		80186	Assay of phenytoin, free	15.58
		80188	Assay of primidone	18.78
		80190	Assay of procainamide	18.96
		80192	Assay of procainamide	18.96
		80194	Assay of quinidine	16.52
		80196	Assay of salicylate	8.04
		80197	Assay of tacrolimus	15.53
		80198	Assay of theophylline	16.01
		80200	Assay of tobramycin	18.24
		80201	Assay of topiramate	13.49
		80202	Assay of vancomycin	15.33
		80299	Quantitative assay, drug	15.50
		80400	Acth stimulation panel	36.90
		80402	Acth stimulation panel	98.38
		80406	Acth stimulation panel	88.57
		80408	Aldosterone suppression eval	142.03
		80410	Calcitonin stimul panel	90.91
		80412	CRH stimulation panel	359.59
		80414	Testosterone response	58.45
		80415	Estradiol response panel	63.24
		80416	Renin stimulation panel	149.35
		80417	Renin stimulation panel	49.78
		80418	Pituitary evaluation panel	634.39
		80420	Dexamethasone panel	81.52
		80422	Glucagon tolerance panel	52.15
		80424	Glucagon tolerance panel	39.38

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		80426	Gonadotropin hormone panel	156.27
		80428	Growth hormone panel	74.88
		80430	Growth hormone panel	88.19
		80432	Insulin suppression panel	152.87
		80434	Insulin tolerance panel	114.45
		80435	Insulin tolerance panel	115.79
		80436	Metyrapone panel	83.01
		80438	TRH stimulation panel	56.84
		80439	TRH stimulation panel	75.78
		80440	TRH stimulation panel	65.80
		80500	Lab pathology consultation	12.51
		80502	Lab pathology consultation	44.59
		81000	Urinalysis, nonauto w/scope	3.59
		81001	Urinalysis, auto w/scope	3.59
		81002	Urinalysis nonauto w/o scope	2.89
		81003	Urinalysis, auto, w/o scope	2.54
		81005	Urinalysis	2.45
		81007	Urine screen for bacteria	2.91
		81015	Microscopic exam of urine	3.43
		81020	Urinalysis, glass test	4.17
		81025	Urine pregnancy test	4.25
		81050	Urinalysis, volume measure	3.39
		81099	Urinalysis test procedure	B.R.
		82000	Assay of blood acetaldehyde	14.02
		82003	Assay of acetaminophen	20.43
		82009	Test for acetone/ketones	5.11
		82010	Acetone assay	9.25
		82013	Acetylcholinesterase assay	12.64
		82016	Acylcarnitines, qual	15.69
		82017	Acylcarnitines, quant	6.21
		82024	Assay of acth	41.48
		82030	Assay of adp & amp	29.20
		82040	Assay of serum albumin	5.61
		82042	Assay of urine albumin	5.86
		82043	Microalbumin, quantitative	6.55
		82044	Microalbumin, semiquant	5.18
		82055	Assay of ethanol	12.23
		82075	Assay of breath ethanol	13.64
		82085	Assay of aldolase	10.98
		82088	Assay of aldosterone	46.12
		82101	Assay of urine alkaloids	33.97
		82103	Alpha-1-antitrypsin, total	15.20
		82104	Alpha-1-antitrypsin, pheno	16.36
		82105	Alpha-fetoprotein, serum	18.99
		82106	Alpha-fetoprotein, amniotic	18.99
		82108	Assay of aluminum	28.84
		82120	Amines, vaginal fluid qual	1.90
		82127	Amino acid, single qual	15.69
		82128	Amino acids, mult qual	15.69
		82131	Amino acids, single quant	19.09

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		82135	Assay, aminolevulinic acid	18.63
		82136	Amino acids, quant, 2-5	6.21
		82139	Amino acids, quan, 6 or more	6.21
		82140	Assay of ammonia	16.49
		82143	Amniotic fluid scan	7.78
		82145	Assay of amphetamines	17.59
		82150	Assay of amylase	7.34
		82154	Androstenediol glucuronide	32.63
		82157	Assay of androstenedione	33.13
		82160	Assay of androsterone	28.30
		82163	Assay of angiotensin II	23.23
		82164	Angiotensin I enzyme test	16.52
		82172	Assay of apolipoprotein	17.54
		82175	Assay of arsenic	16.43
		82180	Assay of ascorbic acid	11.19
		82190	Atomic absorption	13.83
		82205	Assay of barbiturates	12.97
		82232	Assay of beta-2 protein	18.31
		82239	Bile acids, total	19.39
		82240	Bile acids, cholyglycine	30.08
		82247	Bilirubin, total	5.22
		82248	Bilirubin, direct	5.22
		82252	Fecal bilirubin test	5.14
		82261	Assay of biotinidase	6.21
		82270	Test for blood, feces	3.68
		82273	Test for blood, other source	3.68
		82274	Assay test for blood, fecal	3.68
		82286	Assay of bradykinin	7.79
		82300	Assay of cadmium	26.19
		82306	Assay of vitamin D	33.50
		82307	Assay of vitamin D	36.47
		82308	Assay of calcitonin	30.30
		82310	Assay of calcium	5.83
		82330	Assay of calcium	15.46
		82331	Calcium infusion test	5.86
		82340	Assay of calcium in urine	6.83
		82355	Calculus analysis, qual	13.10
		82360	Calculus assay, quant	14.57
		82365	Calculus spectroscopy	14.59
		82370	X-ray assay, calculus	14.18
		82373	Assay, c-d transfer measure	20.44
		82374	Assay, blood carbon dioxide	5.53
		82375	Assay, blood carbon monoxide	13.95
		82376	Test for carbon monoxide	6.78
		82378	Carcinoembryonic antigen	21.47
		82379	Assay of carnitine	6.21
		82380	Assay of carotene	10.44
		82382	Assay, urine catecholamines	19.46
		82383	Assay, blood catecholamines	28.36
		82384	Assay, three catecholamines	19.69

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		82387	Assay of cathepsin-d	4.45
		82390	Assay of ceruloplasmin	12.16
		82397	Chemiluminescent assay	14.83
		82415	Assay of chloramphenicol	14.34
		82435	Assay of blood chloride	5.20
		82436	Assay of urine chloride	5.69
		82438	Assay, other fluid chlorides	4.32
		82441	Test for chlorohydrocarbons	6.79
		82465	Assay, bld/serum cholesterol	4.92
		82480	Assay, serum cholinesterase	8.92
		82482	Assay, rbc cholinesterase	8.70
		82485	Assay, chondroitin sulfate	23.37
		82486	Gas/liquid chromatography	20.44
		82487	Paper chromatography	18.06
		82488	Paper chromatography	24.18
		82489	Thin layer chromatography	20.93
		82491	Chromotography, quant, sing	20.44
		82492	Chromotography, quant, mult	20.44
		82495	Assay of chromium	22.96
		82507	Assay of citrate	30.95
		82520	Assay of cocaine	17.15
		82523	Collagen crosslinks	21.15
		82525	Assay of copper	12.22
		82528	Assay of corticosterone	25.47
		82530	Cortisol, free	18.91
		82533	Total cortisol	18.45
		82540	Assay of creatine	5.25
		82541	Column chromotography, qual	20.44
		82542	Column chromotography, quant	20.44
		82543	Column chromotograph/isotope	20.44
		82544	Column chromotograph/isotope	20.44
		82550	Assay of ck (cpk)	7.37
		82552	Assay of cpk in blood	15.16
		82553	Creatine, MB fraction	13.07
		82554	Creatine, isoforms	13.43
		82565	Assay of creatinine	5.80
		82570	Assay of urine creatinine	5.86
		82575	Creatinine clearance test	10.69
		82585	Assay of cryofibrinogen	9.69
		82595	Assay of cryoglobulin	7.32
		82600	Assay of cyanide	21.96
		82607	Vitamin B-12	17.06
		82608	B-12 binding capacity	16.21
		82615	Test for urine cystines	5.57
		82626	Dehydroepiandrosterone	28.60
		82627	Dehydroepiandrosterone	25.17
		82633	Desoxycorticosterone	18.75
		82634	Deoxycortisol	23.05
		82638	Assay of dibucaine number	13.86
		82646	Assay of dihydrocodeinone	23.37

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		82649	Assay of dihydromorphinone	29.09
		82651	Assay of dihydrotestosterone	29.22
		82652	Assay of dihydroxyvitamin d	43.56
		82654	Assay of dimethadione	15.67
		82657	Enzyme cell activity	20.44
		82658	Enzyme cell activity, ra	20.44
		82664	Electrophoretic test	18.44
		82666	Assay of epiandrosterone	24.31
		82668	Assay of erythropoietin	21.27
		82670	Assay of estradiol	31.62
		82671	Assay of estrogens	36.56
		82672	Assay of estrogen	24.54
		82677	Assay of estriol	27.37
		82679	Assay of estrone	22.79
		82690	Assay of ethchlorvynol	19.56
		82693	Assay of ethylene glycol	10.38
		82696	Assay of etiocholanolone	26.69
		82705	Fats/lipids, feces, qual	5.27
		82710	Fats/lipids, feces, quant	19.01
		82715	Assay of fecal fat	3.15
		82725	Assay of blood fatty acids	11.16
		82726	Long chain fatty acids	20.44
		82728	Assay of ferritin	15.41
		82731	Assay of fetal fibronectin	72.89
		82735	Assay of fluoride	20.99
		82742	Assay of flurazepam	22.40
		82746	Blood folic acid serum	16.64
		82747	Assay of folic acid, rbc	19.60
		82757	Assay of semen fructose	19.63
		82759	Assay of rbc galactokinase	24.31
		82760	Assay of galactose	12.67
		82775	Assay galactose transferase	23.84
		82776	Galactose transferase test	9.49
		82784	Assay of gammaglobulin igm	10.52
		82785	Assay of gammaglobulin ige	18.64
		82787	Igg 1, 2, 3 or 4, each	4.75
		82800	Blood pH	7.38
		82803	Blood gases: pH, pO2 & pCO2	13.79
		82805	Blood gases W/O2 saturation	27.55
		82810	Blood gases, O2 sat only	9.88
		82820	Hemoglobin-oxygen affinity	11.31
		82926	Assay of gastric acid	4.41
		82928	Assay of gastric acid	6.25
		82938	Gastrin test	20.02
		82941	Assay of gastrin	19.96
		82943	Assay of glucagon	16.18
		82945	Glucose other fluid	4.44
		82946	Glucagon tolerance test	17.06
		82947	Assay, glucose, blood quant	4.44
		82948	Reagent strip/blood glucose	3.59

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		82950	Glucose test	5.38
		82951	Glucose tolerance test (GTT)	14.57
		82952	GTT-added samples	4.44
		82953	Glucose-tolbutamide test	17.14
		82955	Assay of g6pd enzyme	10.98
		82960	Test for G6PD enzyme	6.86
		82962	Glucose blood test	2.05
		82963	Assay of glucosidase	24.31
		82965	Assay of gdh enzyme	8.75
		82975	Assay of glutamine	16.63
		82977	Assay of GGT	8.15
		82978	Assay of glutathione	16.13
		82979	Assay, rbc glutathione	7.79
		82980	Assay of glutethimide	20.74
		82985	Glycated protein	13.28
		83001	Gonadotropin (FSH)	19.38
		83002	Gonadotropin (LH)	19.69
		83003	Assay, growth hormone (hgh)	18.72
		83008	Assay of guanosine	18.99
		83010	Assay of haptoglobin, quant	14.24
		83012	Assay of haptoglobins	19.46
		83013	H pylori analysis	76.23
		83014	H pylori drug admin/collect	8.89
		83015	Heavy metal screen	21.31
		83018	Quantitative screen, metals	9.47
		83020	Hemoglobin electrophoresis	11.38
		83021	Hemoglobin chromatography	20.44
		83026	Hemoglobin, copper sulfate	2.67
		83030	Fetal hemoglobin, chemical	9.36
		83033	Fetal hemoglobin assay, qual	5.90
		83036	Glycated hemoglobin test	10.98
		83045	Blood methemoglobin test	5.61
		83050	Blood methemoglobin assay	8.29
		83051	Assay of plasma hemoglobin	8.27
		83055	Blood sulfhemoglobin test	5.56
		83060	Blood sulfhemoglobin assay	9.36
		83065	Assay of hemoglobin heat	7.79
		83068	Hemoglobin stability screen	9.58
		83069	Assay of urine hemoglobin	4.46
		83070	Assay of hemosiderin, qual	5.38
		83071	Assay of hemosiderin, quant	7.78
		83080	Assay of b hexosaminidase	6.21
		83088	Assay of histamine	33.42
		83090	Assay of homocystine	19.09
		83150	Assay of for hva	7.91
		83491	Assay of corticosteroids	19.82
		83497	Assay of 5-hiaa	14.59
		83498	Assay of progesterone	30.74
		83499	Assay of progesterone	28.53
		83500	Assay, free hydroxyproline	21.12

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		83505	Assay, total hydroxyproline	27.51
		83516	Immunoassay, nonantibody	13.06
		83518	Immunoassay, dipstick	9.60
		83519	Immunoassay, nonantibody	14.36
		83520	Immunoassay, RIA	14.65
		83525	Assay of insulin	12.94
		83527	Assay of insulin	14.65
		83528	Assay of intrinsic factor	18.00
		83540	Assay of iron	7.33
		83550	Iron binding test	9.89
		83570	Assay of idh enzyme	9.45
		83582	Assay of ketogenic steroids	15.69
		83586	Assay 17- ketosteroids	14.49
		83593	Fractionation, ketosteroids	29.77
		83605	Assay of lactic acid	12.09
		83615	Lactate (LD) (LDH) enzyme	6.84
		83625	Assay of ldh enzymes	14.48
		83632	Placental lactogen	22.87
		83633	Test urine for lactose	6.23
		83634	Assay of urine for lactose	13.04
		83655	Assay of lead	13.70
		83661	L/s ratio, fetal lung	19.69
		83662	Foam stability, fetal lung	21.41
		83663	Fluoro polarize, fetal lung	10.71
		83664	Lamellar bdy, fetal lung	5.35
		83670	Assay of lap enzyme	10.37
		83690	Assay of lipase	7.79
		83715	Assay of blood lipoproteins	12.74
		83716	Assay of blood lipoproteins	7.27
		83718	Assay of lipoprotein	9.27
		83719	Assay of blood lipoprotein	13.17
		83721	Assay of blood lipoprotein	10.80
		83727	Assay of lrh hormone	19.46
		83735	Assay of magnesium	7.58
		83775	Assay of md enzyme	8.34
		83785	Assay of manganese	27.83
		83788	Mass spectrometry qual	20.44
		83789	Mass spectrometry quant	20.44
		83805	Assay of meprobamate	19.95
		83825	Assay of mercury	18.40
		83835	Assay of metanephrines	19.17
		83840	Assay of methadone	18.48
		83857	Assay of methemalbumin	12.16
		83858	Assay of methsuximide	16.78
		83864	Mucopolysaccharides	22.53
		83866	Mucopolysaccharides screen	11.15
		83872	Assay synovial fluid mucin	6.63
		83873	Assay of csf protein	19.47
		83874	Assay of myoglobin	14.61
		83880	Natriuretic peptide	38.42

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		83883	Assay, nephelometry not spec	15.39
		83885	Assay of nickel	27.73
		83887	Assay of nicotine	26.80
		83890	Molecule isolate	5.60
		83891	Molecule isolate nucleic	5.60
		83892	Molecular diagnostics	5.60
		83893	Molecule dot/slot/blot	5.60
		83894	Molecule gel electrophor	5.60
		83896	Molecular diagnostics	5.60
		83897	Molecule nucleic transfer	5.60
		83898	Molecule nucleic ampli	23.42
		83901	Molecule nucleic ampli	23.42
		83902	Molecular diagnostics	12.01
		83903	Molecule mutation scan	23.42
		83904	Molecule mutation identify	23.42
		83905	Molecule mutation identify	23.42
		83906	Molecule mutation identify	23.42
		83912	Genetic examination	5.60
		83915	Assay of nucleotidase	12.62
		83916	Oligoclonal bands	15.79
		83918	Organic acids, total, quant	23.00
		83919	Organic acids, qual, each	18.63
		83921	Organic acid, single, quant	18.63
		83925	Assay of opiates	22.02
		83930	Assay of blood osmolality	7.48
		83935	Assay of urine osmolality	7.27
		83937	Assay of osteocalcin	33.79
		83945	Assay of oxalate	14.57
		83950	Oncoprotein, her-2/neu	72.89
		83970	Assay of parathormone	46.71
		83986	Assay of body fluid acidity	3.26
		83992	Assay for phencyclidine	16.64
		84022	Assay of phenothiazine	14.37
		84030	Assay of blood pku	6.03
		84035	Assay of phenylketones	2.38
		84060	Assay acid phosphatase	7.48
		84061	Phosphatase, forensic exam	8.96
		84066	Assay prostate phosphatase	10.94
		84075	Assay alkaline phosphatase	5.86
		84078	Assay alkaline phosphatase	8.26
		84080	Assay alkaline phosphatases	16.73
		84081	Amniotic fluid enzyme test	18.70
		84085	Assay of rbc pg6d enzyme	7.63
		84087	Assay phosphohexose enzymes	11.68
		84100	Assay of phosphorus	5.37
		84105	Assay of urine phosphorus	5.86
		84106	Test for porphobilinogen	4.85
		84110	Assay of porphobilinogen	9.16
		84119	Test urine for porphyrins	9.74
		84120	Assay of urine porphyrins	16.65

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		84126	Assay of feces porphyrins	16.74
		84127	Assay of feces porphyrins	13.19
		84132	Assay of serum potassium	5.20
		84133	Assay of urine potassium	4.87
		84134	Assay of prealbumin	16.51
		84135	Assay of pregnanediol	21.65
		84138	Assay of pregnanetriol	21.43
		84140	Assay of pregnenolone	23.40
		84143	Assay of 17-hydroxypregнено	25.83
		84144	Assay of progesterone	23.27
		84146	Assay of prolactin	21.93
		84150	Assay of prostaglandin	9.90
		84152	Assay of psa, complexed	20.82
		84153	Assay of psa, total	20.82
		84154	Assay of psa, free	20.82
		84155	Assay of protein	4.15
		84160	Assay of serum protein	5.86
		84165	Assay of serum proteins	12.16
		84181	Western blot test	19.28
		84182	Protein, western blot test	20.37
		84202	Assay RBC protoporphyrin	16.24
		84203	Test RBC protoporphyrin	9.74
		84206	Assay of proinsulin	20.16
		84207	Assay of vitamin b-6	19.58
		84210	Assay of pyruvate	12.29
		84220	Assay of pyruvate kinase	10.68
		84228	Assay of quinine	13.17
		84233	Assay of estrogen	72.89
		84234	Assay of progesterone	73.42
		84235	Assay of endocrine hormone	59.23
		84238	Assay, nonendocrine receptor	41.38
		84244	Assay of renin	24.89
		84252	Assay of vitamin b-2	5.27
		84255	Assay of selenium	28.89
		84260	Assay of serotonin	35.06
		84270	Assay of sex hormone globul	24.59
		84275	Assay of sialic acid	9.16
		84285	Assay of silica	26.65
		84295	Assay of serum sodium	5.44
		84300	Assay of urine sodium	5.50
		84302	Assay of sweat sodium	5.50
		84305	Assay of somatomedin	24.06
		84307	Assay of somatostatin	20.69
		84311	Spectrophotometry	7.91
		84315	Body fluid specific gravity	1.90
		84375	Chromatogram assay, sugars	4.33
		84376	Sugars, single, qual	6.23
		84377	Sugars, multiple, qual	6.23
		84378	Sugars single quant	13.04
		84379	Sugars multiple quant	13.04

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		84392	Assay of urine sulfate	5.38
		84402	Assay of testosterone	28.81
		84403	Assay of total testosterone	29.22
		84425	Assay of vitamin b-1	24.03
		84430	Assay of thiocyanate	12.01
		84432	Assay of thyroglobulin	18.18
		84436	Assay of total thyroxine	7.78
		84437	Assay of neonatal thyroxine	5.90
		84439	Assay of free thyroxine	9.90
		84442	Assay of thyroid activity	7.91
		84443	Assay thyroid stim hormone	18.95
		84445	Assay of tsi	57.55
		84446	Assay of vitamin e	16.05
		84449	Assay of transcortin	20.37
		84450	Transferase (AST) (SGOT)	5.85
		84460	Alanine amino (ALT) (SGPT)	5.99
		84466	Assay of transferrin	14.45
		84478	Assay of triglycerides	6.51
		84479	Assay of thyroid (t3 or t4)	7.32
		84480	Assay, triiodothyronine (t3)	16.05
		84481	Free assay (FT-3)	8.21
		84482	T3 reverse	17.84
		84484	Assay of troponin, quant	11.14
		84485	Assay duodenal fluid trypsin	8.50
		84488	Test feces for trypsin	8.26
		84490	Assay of feces for trypsin	8.61
		84510	Assay of tyrosine	6.84
		84512	Assay of troponin, qual	8.72
		84520	Assay of urea nitrogen	4.46
		84525	Urea nitrogen semi-quant	1.90
		84540	Assay of urine/urea-n	5.27
		84545	Urea-N clearance test	7.05
		84550	Assay of blood/uric acid	5.11
		84560	Assay of urine/uric acid	5.38
		84577	Assay of feces/urobilinogen	14.12
		84578	Test urine urobilinogen	3.68
		84580	Assay of urine urobilinogen	4.64
		84583	Assay of urine urobilinogen	5.69
		84585	Assay of urine vma	17.54
		84586	Assay of vip	39.99
		84588	Assay of vasopressin	38.42
		84590	Assay of vitamin a	13.12
		84591	Assay of nos vitamin	13.12
		84597	Assay of vitamin k	15.51
		84600	Assay of volatiles	18.18
		84620	Xylose tolerance test	13.41
		84630	Assay of zinc	11.97
		84681	Assay of c-peptide	23.55
		84702	Chorionic gonadotropin test	17.03
		84703	Chorionic gonadotropin assay	8.50

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		84830	Ovulation tests	4.25
		84999	Clinical chemistry test	7.17
		85002	Bleeding time test	5.09
		85004	Automated diff wbc count	7.32
		85007	BI smear w/diff wbc count	3.90
		85008	BI smear w/o diff wbc count	3.90
		85009	Manual diff wbc count b-coat	4.20
		85013	Spun microhematocrit	2.68
		85014	Hematocrit	2.68
		85018	Hemoglobin	2.68
		85025	Complete cbc w/auto diff wbc	8.80
		85027	Complete cbc, automated	7.32
		85032	Manual cell count, each	4.87
		85041	Automated rbc count	3.40
		85044	Manual reticulocyte count	4.87
		85045	Automated reticulocyte count	5.59
		85046	Reticyte/hgb concentrate	6.32
		85048	Automated leukocyte count	2.88
		85049	Automated platelet count	5.06
		85060	Blood smear interpretation	14.79
		85097	Bone marrow interpretation	31.17
		85130	Chromogenic substrate assay	13.46
		85170	Blood clot retraction	3.26
		85175	Blood clot lysis time	5.14
		85210	Blood clot factor II test	6.95
		85220	Blood clot factor V test	18.44
		85230	Blood clot factor VII test	15.79
		85240	Blood clot factor VIII test	20.27
		85244	Blood clot factor VIII test	23.11
		85245	Blood clot factor VIII test	25.97
		85246	Blood clot factor VIII test	25.97
		85247	Blood clot factor VIII test	25.97
		85250	Blood clot factor IX test	18.44
		85260	Blood clot factor X test	20.27
		85270	Blood clot factor XI test	18.44
		85280	Blood clot factor XII test	21.90
		85290	Blood clot factor XIII test	18.44
		85291	Blood clot factor XIII test	10.06
		85292	Blood clot factor assay	21.43
		85293	Blood clot factor assay	21.43
		85300	Antithrombin III test	13.41
		85301	Antithrombin III test	12.24
		85302	Blood clot inhibitor antigen	13.61
		85303	Blood clot inhibitor test	15.65
		85305	Blood clot inhibitor assay	13.12
		85306	Blood clot inhibitor test	17.34
		85307	Assay activated protein c	17.34
		85335	Factor inhibitor test	14.57
		85337	Thrombomodulin	11.79
		85345	Coagulation time	4.87

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		85347	Coagulation time	4.82
		85348	Coagulation time	4.21
		85360	Euglobulin lysis	9.51
		85362	Fibrin degradation products	7.79
		85366	Fibrinogen test	9.74
		85370	Fibrinogen test	12.85
		85378	Fibrin degrade, semiquant	8.08
		85379	Fibrin degradation, quant	11.52
		85380	Fibrin degradation, vte	11.52
		85384	Fibrinogen	9.10
		85385	Fibrinogen	9.10
		85390	Fibrinolysins screen	5.85
		85400	Fibrinolytic plasmin	10.01
		85410	Fibrinolytic antiplasmin	8.72
		85415	Fibrinolytic plasminogen	12.65
		85420	Fibrinolytic plasminogen	7.40
		85421	Fibrinolytic plasminogen	11.53
		85441	Heinz bodies, direct	4.76
		85445	Heinz bodies, induced	7.71
		85460	Hemoglobin, fetal	2.84
		85461	Hemoglobin, fetal	7.50
		85475	Hemolysin	9.78
		85520	Heparin assay	14.81
		85525	Heparin neutralization	13.41
		85530	Heparin-protamine tolerance	16.05
		85536	Iron stain peripheral blood	7.32
		85540	Wbc alkaline phosphatase	9.74
		85547	RBC mechanical fragility	9.74
		85549	Muramidase	19.69
		85555	RBC osmotic fragility	6.58
		85557	RBC osmotic fragility	15.11
		85576	Blood platelet aggregation	24.31
		85597	Platelet neutralization	20.35
		85610	Prothrombin time	4.45
		85611	Prothrombin test	4.46
		85612	Viper venom prothrombin time	10.83
		85613	Russell viper venom, diluted	10.83
		85635	Reptilase test	9.90
		85651	Rbc sed rate, nonautomated	4.02
		85652	Rbc sed rate, automated	3.05
		85660	RBC sickle cell test	6.25
		85670	Thrombin time, plasma	6.54
		85675	Thrombin time, titer	7.76
		85705	Thromboplastin inhibition	10.68
		85730	Thromboplastin time, partial	6.58
		85732	Thromboplastin time, partial	7.32
		85810	Blood viscosity examination	9.29
		85999	Hematology procedure	B.R.
		86000	Agglutinins, febrile	7.90
		86001	Allergen specific igg	5.91

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		86003	Allergen specific IgE	5.91
		86005	Allergen specific IgE	5.62
		86021	WBC antibody identification	17.03
		86022	Platelet antibodies	16.99
		86023	Immunoglobulin assay	14.09
		86038	Antinuclear antibodies	13.68
		86039	Antinuclear antibodies (ANA)	12.64
		86060	Antistreptolysin o, titer	8.26
		86063	Antistreptolysin o, screen	5.69
		86077	Physician blood bank service	31.39
		86078	Physician blood bank service	31.39
		86079	Physician blood bank service	31.39
		86140	C-reactive protein	5.86
		86141	C-reactive protein, hs	14.65
		86146	Glycoprotein antibody	28.79
		86147	Cardiolipin antibody	28.79
		86148	Phospholipid antibody	18.18
		86155	Chemotaxis assay	3.95
		86156	Cold agglutinin, screen	7.58
		86157	Cold agglutinin, titer	9.13
		86160	Complement, antigen	13.59
		86161	Complement/function activity	13.59
		86162	Complement, total (CH50)	23.00
		86171	Complement fixation, each	6.58
		86185	Counterimmunoelectrophoresis	10.13
		86215	Deoxyribonuclease, antibody	14.99
		86225	DNA antibody	15.55
		86226	DNA antibody, single strand	12.51
		86235	Nuclear antigen antibody	20.30
		86243	Fc receptor	13.48
		86255	Fluorescent antibody, screen	13.64
		86256	Fluorescent antibody, titer	13.64
		86277	Growth hormone antibody	17.81
		86280	Hemagglutination inhibition	9.27
		86294	Immunoassay, tumor qual	22.20
		86300	Immunoassay, tumor ca 15-3	23.55
		86301	Immunoassay, tumor ca 19-9	23.55
		86304	Immunoassay, tumor, ca 125	23.55
		86308	Heterophile antibodies	5.86
		86309	Heterophile antibodies	5.57
		86310	Heterophile antibodies	8.34
		86316	Immunoassay, tumor other	23.55
		86317	Immunoassay, infectious agent	15.39
		86318	Immunoassay, infectious agent	14.65
		86320	Serum immunoelectrophoresis	25.37
		86325	Other immunoelectrophoresis	25.30
		86327	Immunoelectrophoresis assay	25.68
		86329	Immunodiffusion	15.89
		86331	Immunodiffusion ouchterlony	13.57
		86332	Immune complex assay	27.58

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		86334	Immunofixation procedure	25.28
		86336	Inhibin A	B.R.
		86337	Insulin antibodies	24.24
		86340	Intrinsic factor antibody	17.06
		86341	Islet cell antibody	22.40
		86343	Leukocyte histamine release	14.10
		86344	Leukocyte phagocytosis	9.04
		86353	Lymphocyte transformation	55.48
		86359	T cells, total count	42.69
		86360	T cell, absolute count/ratio	53.18
		86361	T cell, absolute count	20.48
		86376	Microsomal antibody	16.47
		86378	Migration inhibitory factor	22.28
		86382	Neutralization test, viral	19.13
		86384	Nitroblue tetrazolium dye	12.89
		86403	Particle agglutination test	11.53
		86406	Particle agglutination test	12.04
		86430	Rheumatoid factor test	6.42
		86431	Rheumatoid factor, quant	6.42
		86485	Skin test, candida	B.R.
		86490	Coccidioidomycosis skin test	7.05
		86510	Histoplasmosis skin test	7.74
		86580	TB intradermal test	6.14
		86585	TB tine test	4.78
		86586	Skin test, unlisted	B.R.
		86590	Streptokinase, antibody	12.48
		86592	Blood serology, qualitative	4.83
		86593	Blood serology, quantitative	4.99
		86602	Antinomyces antibody	11.52
		86603	Adenovirus antibody	14.56
		86606	Aspergillus antibody	17.03
		86609	Bacterium antibody	14.58
		86611	Bartonella antibody	11.52
		86612	Blastomyces antibody	14.60
		86615	Bordetella antibody	14.93
		86617	Lyme disease antibody	17.53
		86618	Lyme disease antibody	19.28
		86619	Borrelia antibody	15.14
		86622	Brucella antibody	10.11
		86625	Campylobacter antibody	14.85
		86628	Candida antibody	13.59
		86631	Chlamydia antibody	13.38
		86632	Chlamydia igm antibody	14.37
		86635	Coccidioides antibody	12.98
		86638	Q fever antibody	13.72
		86641	Cryptococcus antibody	16.31
		86644	CMV antibody	14.89
		86645	CMV antibody, IgM	19.07
		86648	Diphtheria antibody	13.83
		86651	Encephalitis antibody	14.93

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		86652	Encephalitis antibody	14.93
		86653	Encephalitis antibody	14.93
		86654	Encephalitis antibody	14.93
		86658	Enterovirus antibody	14.74
		86663	Epstein-barr antibody	14.85
		86664	Epstein-barr antibody	17.32
		86665	Epstein-barr antibody	20.53
		86666	Ehrlichia antibody	11.52
		86668	Francisella tularensis	11.77
		86671	Fungus antibody	8.65
		86674	Giardia lamblia antibody	16.65
		86677	Helicobacter pylori	16.43
		86682	Helminth antibody	14.72
		86684	Hemophilus influenza	17.93
		86687	Htlv-i antibody	9.49
		86688	Htlv-ii antibody	15.85
		86689	HTLV/HIV confirmatory test	27.05
		86692	Hepatitis, delta agent	19.42
		86694	Herpes simplex test	14.89
		86695	Herpes simplex test	14.93
		86696	Herpes simplex type 2	21.91
		86698	Histoplasma	14.14
		86701	HIV-1	10.05
		86702	HIV-2	15.29
		86703	HIV-1/HIV-2, single assay	15.53
		86704	Hep b core antibody, total	13.64
		86705	Hep b core antibody, igm	13.32
		86706	Hep b surface antibody	12.16
		86707	Hep be antibody	13.09
		86708	Hep a antibody, total	14.02
		86709	Hep a antibody, igm	12.74
		86710	Influenza virus antibody	15.34
		86713	Legionella antibody	17.33
		86717	Leishmania antibody	13.87
		86720	Leptospira antibody	14.93
		86723	Listeria monocytogenes ab	14.93
		86727	Lymph choriomeningitis ab	14.56
		86729	Lympho venereum antibody	13.52
		86732	Mucormycosis antibody	14.93
		86735	Mumps antibody	14.77
		86738	Mycoplasma antibody	14.99
		86741	Neisseria meningitidis	14.93
		86744	Nocardia antibody	14.93
		86747	Parvovirus antibody	17.01
		86750	Malaria antibody	13.83
		86753	Protozoa antibody nos	14.03
		86756	Respiratory virus antibody	14.59
		86757	Rickettsia antibody	21.91
		86759	Rotavirus antibody	14.93
		86762	Rubella antibody	14.89

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		86765	Rubeola antibody	14.58
		86768	Salmonella antibody	11.67
		86771	Shigella antibody	14.93
		86774	Tetanus antibody	9.83
		86777	Toxoplasma antibody	14.89
		86778	Toxoplasma antibody, igm	16.30
		86781	Treponema pallidum, confirm	14.99
		86784	Trichinella antibody	14.22
		86787	Varicella-zoster antibody	14.58
		86790	Virus antibody nos	14.58
		86793	Yersinia antibody	14.93
		86800	Thyroglobulin antibody	18.00
		86803	Hepatitis c ab test	16.15
		86804	Hep c ab test, confirm	17.53
		86805	Lymphocytotoxicity assay	24.39
		86806	Lymphocytotoxicity assay	19.69
		86807	Cytotoxic antibody screening	23.65
		86808	Cytotoxic antibody screening	14.89
		86812	HLA typing, A, B, or C	29.21
		86813	HLA typing, A, B, or C	65.63
		86816	HLA typing, DR/DQ	31.53
		86817	HLA typing, DR/DQ	72.86
		86821	Lymphocyte culture, mixed	63.89
		86822	Lymphocyte culture, primed	41.37
		86849	Immunology procedure	B.R.
		86850	RBC antibody screen	7.87
		86860	RBC antibody elution	B.R.
		86870	RBC antibody identification	B.R.
		86880	Coombs test, direct	6.08
		86885	Coombs test, indirect, qual	6.47
		86886	Coombs test, indirect, titer	5.86
		86890	Autologous blood process	112.03
		86891	Autologous blood, op salvage	B.R.
		86900	Blood typing, ABO	3.38
		86901	Blood typing, Rh (D)	3.38
		86903	Blood typing, antigen screen	10.68
		86904	Blood typing, patient serum	10.76
		86905	Blood typing, RBC antigens	3.95
		86906	Blood typing, Rh phenotype	8.42
		86910	Blood typing, paternity test	#
		86911	Blood typing, antigen system	#
		86920	Compatibility test	B.R.
		86921	Compatibility test	B.R.
		86922	Compatibility test	B.R.
		86927	Plasma, fresh frozen	B.R.
		86930	Frozen blood prep	B.R.
		86931	Frozen blood thaw	B.R.
		86932	Frozen blood freeze/thaw	B.R.
		86940	Hemolysins/agglutinins, auto	9.28
		86941	Hemolysins/agglutinins	13.71

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		86945	Blood product/irradiation	B.R.
		86950	Leukocyte transfusion	3.66
		86965	Pooling blood platelets	B.R.
		86970	RBC pretreatment	B.R.
		86971	RBC pretreatment	B.R.
		86972	RBC pretreatment	B.R.
		86975	RBC pretreatment, serum	B.R.
		86976	RBC pretreatment, serum	B.R.
		86977	RBC pretreatment, serum	B.R.
		86978	RBC pretreatment, serum	B.R.
		86985	Split blood or products	B.R.
		86999	Transfusion procedure	12.99
		87001	Small animal inoculation	5.90
		87003	Small animal inoculation	19.05
		87015	Specimen concentration	7.56
		87040	Blood culture for bacteria	11.68
		87045	Feces culture, bacteria	10.68
		87046	Stool cultr, bacteria, each	2.67
		87070	Culture, bacteria, other	9.74
		87071	Culture bacteri aerobic othr	5.34
		87073	Culture bacteria anaerobic	5.34
		87075	Culture bacteria anaerobic	10.71
		87076	Culture anaerobe ident, each	9.14
		87077	Culture aerobic identify	9.14
		87081	Culture screen only	7.50
		87084	Culture of specimen by kit	9.74
		87086	Urine culture/colony count	9.14
		87088	Urine bacteria culture	7.27
		87101	Skin fungi culture	8.72
		87102	Fungus isolation culture	9.51
		87103	Blood fungus culture	10.21
		87106	Fungi identification, yeast	11.68
		87107	Fungi identification, mold	11.68
		87109	Mycoplasma	12.22
		87110	Chlamydia culture	22.17
		87116	Mycobacteria culture	12.23
		87118	Mycobacteric identification	12.38
		87140	Culture type immunofluoresc	6.31
		87143	Culture typing, glc/hplc	14.18
		87147	Culture type, immunologic	5.86
		87149	Culture type, nucleic acid	22.70
		87152	Culture type pulse field gel	5.92
		87158	Culture typing, added method	5.92
		87164	Dark field examination	12.16
		87166	Dark field examination	5.27
		87168	Macroscopic exam arthropod	4.83
		87169	Macroscopic exam parasite	4.83
		87172	Pinworm exam	4.83
		87176	Tissue homogenization, cultr	5.90
		87177	Ova and parasites smears	10.07

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		87181	Microbe susceptible, diffuse	5.38
		87184	Microbe susceptible, disk	7.80
		87185	Microbe susceptible, enzyme	5.38
		87186	Microbe susceptible, mic	9.78
		87187	Microbe susceptible, mlc	11.73
		87188	Microbe suscept, macrobroth	7.51
		87190	Microbe suscept, mycobacteri	6.40
		87197	Bactericidal level, serum	17.00
		87205	Smear, gram stain	4.83
		87206	Smear, fluorescent/acid stai	6.08
		87207	Smear, special stain	6.78
		87210	Smear, wet mount, saline/ink	4.83
		87220	Tissue exam for fungi	4.83
		87230	Assay, toxin or antitoxin	22.35
		87250	Virus inoculate, eggs/animal	21.68
		87252	Virus inoculation, tissue	29.50
		87253	Virus inoculate tissue, addl	22.86
		87254	Virus inoculation, shell via	5.42
		87255	Genet virus isolate, hsv	38.32
		87260	Adenovirus ag, if	13.58
		87265	Pertussis ag, if	13.58
		87267	Enterovirus antibody, dfa	13.58
		87270	Chlamydia trachomatis ag, if	13.58
		87271	Cytomegalovirus	13.58
		87272	Cryptosporidium/gardia ag, if	13.58
		87273	Herpes simplex 2, ag, if	13.58
		87274	Herpes simplex 1, ag, if	13.58
		87275	Influenza b, ag, if	13.58
		87276	Influenza a, ag, if	13.58
		87277	Legionella micdadei, ag, if	13.58
		87278	Legion pneumophilia ag, if	13.58
		87279	Parainfluenza, ag, if	13.58
		87280	Respiratory syncytial ag, if	13.58
		87281	Pneumocystis carinii, ag, if	13.58
		87283	Rubeola, ag, if	13.58
		87285	Treponema pallidum, ag, if	13.58
		87290	Varicella zoster, ag, if	13.58
		87299	Antibody detection, nos, if	13.58
		87300	Ag detection, polyval, if	6.79
		87301	Adenovirus ag, eia	13.58
		87320	Chylmd trach ag, eia	13.58
		87324	Clostridium ag, eia	13.58
		87327	Cryptococcus neoform ag, eia	13.58
		87328	Cryptospor ag, eia	13.58
		87332	Cytomegalovirus ag, eia	13.58
		87335	E coli 0157 ag, eia	13.58
		87336	Entamoeb hist dispr, ag, eia	13.58
		87337	Entamoeb hist group, ag, eia	13.58
		87338	Hpylori, stool, eia	13.58
		87339	H pylori ag, eia	13.58

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		87340	Hepatitis b surface ag, eia	11.69
		87341	Hepatitis b surface, ag, eia	11.69
		87350	Hepatitis be ag, eia	13.04
		87380	Hepatitis delta ag, eia	18.58
		87385	Histoplasma capsul ag, eia	13.58
		87390	Hiv-1 ag, eia	19.97
		87391	Hiv-2 ag, eia	19.97
		87400	Influenza a/b, ag, eia	13.58
		87420	Resp syncytial ag, eia	13.58
		87425	Rotavirus ag, eia	13.58
		87427	Shiga-like toxin ag, eia	13.58
		87430	Strep a ag, eia	13.58
		87449	Ag detect nos, eia, mult	13.58
		87450	Ag detect nos, eia, single	10.85
		87451	Ag detect polyval, eia, mult	10.85
		87470	Bartonella, dna, dir probe	22.70
		87471	Bartonella, dna, amp probe	39.72
		87472	Bartonella, dna, quant	48.48
		87475	Lyme dis, dna, dir probe	22.70
		87476	Lyme dis, dna, amp probe	39.72
		87477	Lyme dis, dna, quant	48.48
		87480	Candida, dna, dir probe	22.70
		87481	Candida, dna, amp probe	39.72
		87482	Candida, dna, quant	47.25
		87485	Chylmd pneum, dna, dir probe	22.70
		87486	Chylmd pneum, dna, amp probe	39.72
		87487	Chylmd pneum, dna, quant	48.48
		87490	Chylmd trach, dna, dir probe	22.70
		87491	Chylmd trach, dna, amp probe	39.72
		87492	Chylmd trach, dna, quant	39.56
		87495	Cytomeg, dna, dir probe	22.70
		87496	Cytomeg, dna, amp probe	39.72
		87497	Cytomeg, dna, quant	48.48
		87510	Gardner vag, dna, dir probe	22.70
		87511	Gardner vag, dna, amp probe	39.72
		87512	Gardner vag, dna, quant	47.25
		87515	Hepatitis b, dna, dir probe	22.70
		87516	Hepatitis b, dna, amp probe	39.72
		87517	Hepatitis b, dna, quant	48.48
		87520	Hepatitis c, rna, dir probe	22.70
		87521	Hepatitis c, rna, amp probe	39.72
		87522	Hepatitis c, rna, quant	48.48
		87525	Hepatitis g, dna, dir probe	22.70
		87526	Hepatitis g, dna, amp probe	39.72
		87527	Hepatitis g, dna, quant	47.25
		87528	Hsv, dna, dir probe	22.70
		87529	Hsv, dna, amp probe	39.72
		87530	Hsv, dna, quant	48.48
		87531	Hhv-6, dna, dir probe	22.70
		87532	Hhv-6, dna, amp probe	39.72

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		87533	Hhv-6, dna, quant	47.25
		87534	Hiv-1, dna, dir probe	22.70
		87535	Hiv-1, dna, amp probe	39.72
		87536	Hiv-1, dna, quant	96.30
		87537	Hiv-2, dna, dir probe	22.70
		87538	Hiv-2, dna, amp probe	39.72
		87539	Hiv-2, dna, quant	48.48
		87540	Legion pneumo, dna, dir prob	22.70
		87541	Legion pneumo, dna, amp prob	39.72
		87542	Legion pneumo, dna, quant	47.25
		87550	Mycobacteria, dna, dir probe	22.70
		87551	Mycobacteria, dna, amp probe	39.72
		87552	Mycobacteria, dna, quant	48.48
		87555	M.tuberculo, dna, dir probe	22.70
		87556	M.tuberculo, dna, amp probe	39.72
		87557	M.tuberculo, dna, quant	48.48
		87560	M.avium-intra, dna, dir prob	22.70
		87561	M.avium-intra, dna, amp prob	39.72
		87562	M.avium-intra, dna, quant	48.48
		87580	M.pneumon, dna, dir probe	22.70
		87581	M.pneumon, dna, amp probe	39.72
		87582	M.pneumon, dna, quant	47.25
		87590	N.gonorrhoeae, dna, dir prob	22.70
		87591	N.gonorrhoeae, dna, amp prob	39.72
		87592	N.gonorrhoeae, dna, quant	48.48
		87620	Hpv, dna, dir probe	22.70
		87621	Hpv, dna, amp probe	39.72
		87622	Hpv, dna, quant	47.25
		87650	Strep a, dna, dir probe	22.70
		87651	Strep a, dna, amp probe	39.72
		87652	Strep a, dna, quant	47.25
		87797	Detect agent nos, dna, dir	22.70
		87798	Detect agent nos, dna, amp	39.72
		87799	Detect agent nos, dna, quant	48.48
		87800	Detect agnt mult, dna, direc	45.38
		87801	Detect agnt mult, dna, ampli	79.44
		87802	Strep b assay w/optic	13.58
		87803	Clostridium toxin a w/optic	13.58
		87804	Influenza assay w/optic	13.58
		87810	Chylmd trach assay w/optic	13.58
		87850	N. gonorrhoeae assay w/optic	13.58
		87880	Strep a assay w/optic	13.58
		87899	Agent nos assay w/optic	13.58
		87901	Genotype, dna, hiv reverse t	291.35
		87902	Genotype, dna, hepatitis C	291.35
		87903	Phenotype, dna hiv w/culture	553.00
		87904	Phenotype, dna hiv w/clt add	29.50
		87999	Microbiology procedure	B.R.
		88000	Autopsy (necropsy), gross	#
		88005	Autopsy (necropsy), gross	#

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		88007	Autopsy (necropsy), gross	#
		88012	Autopsy (necropsy), gross	#
		88014	Autopsy (necropsy), gross	#
		88016	Autopsy (necropsy), gross	#
		88020	Autopsy (necropsy), complete	#
		88025	Autopsy (necropsy), complete	#
		88027	Autopsy (necropsy), complete	#
		88028	Autopsy (necropsy), complete	#
		88029	Autopsy (necropsy), complete	#
		88036	Limited autopsy	#
		88037	Limited autopsy	#
		88040	Forensic autopsy (necropsy)	#
		88045	Coroner's autopsy (necropsy)	#
		88099	Necropsy (autopsy) procedure	#
		88104	Cytopathology, fluids	12.74
		88106	Cytopathology, fluids	8.87
		88107	Cytopathology, fluids	15.47
		88108	Cytopath, concentrate tech	13.65
		88125	Forensic cytopathology	4.32
		88130	Sex chromatin identification	17.03
		88140	Sex chromatin identification	9.05
		88141	Cytopath, c/v, interpret	14.11
		88142	Cytopath, c/v, thin layer	28.31
		88143	Cytopath c/v thin layer redo	28.31
		88147	Cytopath, c/v, automated	15.90
		88148	Cytopath, c/v, auto rescreen	21.23
		88150	Cytopath, c/v, manual	14.76
		88152	Cytopath, c/v, auto redo	14.76
		88153	Cytopath, c/v, redo	14.76
		88154	Cytopath, c/v, select	14.76
		88155	Cytopath, c/v, index add-on	8.37
		88160	Cytopath smear, other source	17.75
		88161	Cytopath smear, other source	16.61
		88162	Cytopath smear, other source	8.87
		88164	Cytopath tbs, c/v, manual	14.76
		88165	Cytopath tbs, c/v, redo	14.76
		88166	Cytopath tbs, c/v, auto redo	14.76
		88167	Cytopath tbs, c/v, select	14.76
		88172	Cytopathology eval of fna	10.01
		88173	Cytopath eval, fna, report	28.21
		88174	Cytopath, c/v auto, in fluid	29.53
		88175	Cytopath c/v auto fluid redo	36.61
		88180	Cell marker study	24.34
		88182	Cell marker study	28.44
		88199	Cytopathology procedure	B.R.
		88230	Tissue culture, lymphocyte	131.84
		88233	Tissue culture, skin/biopsy	159.27
		88235	Tissue culture, placenta	166.65
		88237	Tissue culture, bone marrow	142.94
		88239	Tissue culture, tumor	166.96

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		88240	Cell cryopreserve/storage	#
		88241	Frozen cell preparation	#
		88245	Chromosome analysis, 20-25	168.46
		88248	Chromosome analysis, 50-100	195.99
		88249	Chromosome analysis, 100	195.99
		88261	Chromosome analysis, 5	200.01
		88262	Chromosome analysis, 15-20	141.05
		88263	Chromosome analysis, 45	170.08
		88264	Chromosome analysis, 20-25	141.05
		88267	Chromosome analys, placenta	203.45
		88269	Chromosome analys, amniotic	188.23
		88271	Cytogenetics, dna probe	24.24
		88272	Cytogenetics, 3-5	30.30
		88273	Cytogenetics, 10-30	36.36
		88274	Cytogenetics, 25-99	39.39
		88275	Cytogenetics, 100-300	45.45
		88280	Chromosome karyotype study	28.41
		88283	Chromosome banding study	32.17
		88285	Chromosome count, additional	21.50
		88289	Chromosome study, additional	38.97
		88291	Cyto/molecular report	18.88
		88299	Cytogenetic study	15.25
		88300	Surgical path, gross	6.14
		88300	Surgical path, gross	9.10
		88302	Tissue exam by pathologist	15.70
		88304	Tissue exam by pathologist	18.65
		88305	Tissue exam by pathologist	33.44
		88307	Tissue exam by pathologist	47.09
		88309	Tissue exam by pathologist	53.92
		88311	Decalcify tissue	2.27
		88312	Special stains	31.62
		88313	Special stains	25.03
		88314	Histochemical stain	15.02
		88318	Chemical histochemistry	12.74
		88319	Enzyme histochemistry	45.05
		88321	Microslide consultation	43.23
		88323	Microslide consultation	18.88
		88325	Comprehensive review of data	74.16
		88329	Path consult introp	22.29
		88331	Path consult intraop, 1 bloc	11.83
		88332	Path consult intraop, addl	6.14
		88342	Immunocytochemistry	21.84
		88346	Immunofluorescent study	25.25
		88347	Immunofluorescent study	34.81
		88348	Electron microscopy	171.76
		88349	Scanning electron microscopy	208.85
		88355	Analysis, skeletal muscle	40.49
		88356	Analysis, nerve	36.17
		88358	Analysis, tumor	11.83
		88362	Nerve teasing preparations	83.49

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		88365	Tissue hybridization	37.54
		88371	Protein, western blot tissue	14.00
		88372	Protein analysis w/probe	21.00
		88380	Microdissection	B.R.
		88399	Surgical pathology procedure	B.R.
		88400	Bilirubin total transcut	2.62
		89050	Body fluid cell count	5.35
		89051	Body fluid cell count	6.24
		89055	Leukocyte count, fecal	4.83
		89060	Exam, synovial fluid crystals	8.09
		89100	Sample intestinal contents	18.88
		89105	Sample intestinal contents	15.70
		89125	Specimen fat stain	4.88
		89130	Sample stomach contents	13.42
		89132	Sample stomach contents	6.14
		89135	Sample stomach contents	24.34
		89136	Sample stomach contents	6.83
		89140	Sample stomach contents	28.21
		89141	Sample stomach contents	27.75
		89160	Exam feces for meat fibers	2.66
		89190	Nasal smear for eosinophils	5.38
		89250	Fertilization of oocyte	#
		89251	Culture oocyte w/embryos	#
		89252	Assist oocyte fertilization	#
		89253	Embryo hatching	#
		89254	Oocyte identification	#
		89255	Prepare embryo for transfer	#
		89256	Prepare cryopreserved embryo	#
		89257	Sperm identification	#
		89258	Cryopreservation, embryo	#
		89259	Cryopreservation, sperm	#
		89260	Sperm isolation, simple	#
		89261	Sperm isolation, complex	#
		89264	Identify sperm tissue	#
		89300	Semen analysis w/huhner	#
		89310	Semen analysis w/count	#
		89320	Semen analysis, complete	#
		89321	Semen analysis & motility	Bundled
		89325	Sperm antibody test	#
		89329	Sperm evaluation test	#
		89330	Evaluation, cervical mucus	#
		89350	Sputum specimen collection	9.78
		89355	Exam feces for starch	2.66
		89360	Collect sweat for test	10.69
		89365	Water load test	3.01
		89399	Pathology lab procedure	B.R.
		90378	Rsv ig, im, 50mg	598.00
*		91000	Esophageal intubation	2.05
*		91010	Esophagus motility study	53.69
*		91011	Esophagus motility study	61.65

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
*		91012	Esophagus motility study	65.06
*		91020	Gastric motility	59.61
*		91030	Acid perfusion of esophagus	51.87
*		91032	Esophagus, acid reflux test	46.87
*		91033	Prolonged acid reflux test	51.41
*		91052	Gastric analysis test	48.69
*		91055	Gastric intubation for smear	44.13
*		91060	Gastric saline load test	4.09
*		91065	Breath hydrogen test	88.04
*		91122	Anal pressure record	91.68
*		91132	Electrogastrography	B.R.
*		91133	Electrogastrography w/test	B.R.
*		91299	Gastroenterology procedure	B.R.
*		92060	Special eye evaluation	10.24
*		92065	Orthoptic/pleoptic training	#
*		92081	Visual field examination(s)	17.06
*		92082	Visual field examination(s)	20.25
*		92083	Visual field examination(s)	26.39
*		92135	Ophthalmic dx imaging	26.84
*		92136	Ophthalmic biometry	38.67
*		92235	Eye exam with photos	53.92
*		92240	Icg angiography	106.24
*		92250	Eye exam with photos	31.17
*		92265	Eye muscle evaluation	37.08
*		92270	Electro-oculography	32.76
*		92275	Electroretinography	35.72
*		92283	Color vision examination	18.43
*		92284	Dark adaptation eye exam	50.51
*		92285	Eye photography	17.75
*		92286	Internal eye photography	59.15
*		92499	Eye service or procedure	B.R.
		92506	Speech/hearing evaluation	29.57
		92507	Speech/hearing therapy	17.52
		92508	Speech/hearing therapy	8.87
		92510	Rehab for ear implant	53.92
		92526	Oral function therapy	17.52
		92531	Spontaneous nystagmus study	Bundled
		92532	Positional nystagmus test	Bundled
		92533	Caloric vestibular test	Bundled
		92534	Optokinetic nystagmus test	Bundled
		92541	Spontaneous nystagmus test	21.38
		92542	Positional nystagmus test	24.34
		92543	Caloric vestibular test	13.42
		92544	Optokinetic nystagmus test	19.57
		92545	Oscillating tracking test	18.43
		92546	Sinusoidal rotational test	48.91
		92547	Supplemental electrical test	31.62
		92548	Posturography	#
		92551	Pure tone hearing test, air	10.18
		92552	Pure tone audiometry, air	10.92

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		92553	Audiometry, air & bone	16.15
		92555	Speech threshold audiometry	9.33
		92556	Speech audiometry, complete	14.11
		92557	Comprehensive hearing test	28.89
		92567	Tympanometry	12.97
		92568	Acoustic reflex testing	9.33
		92569	Acoustic reflex decay test	10.01
		92579	Visual audiometry (vra)	17.75
		92582	Conditioning play audiometry	17.75
		92584	Electrocochleography	59.83
		92585	Auditor evoke potent, compre	44.36
		92587	Evoked auditory test	31.62
		92588	Evoked auditory test	35.49
		92589	Auditory function test(s)	13.19
		92597	Oral speech device eval	43.68
		92601	Cochlear implt f/up exam < 7	81.67
		92602	Reprogram cochlear implt < 7	57.10
		92603	Cochlear implt f/up exam 7 >	54.83
		92604	Reprogram cochlear implt 7 >	37.31
		92605	Eval for nonspeech device rx	Bundled
		92606	Non-speech device service	Bundled
		92607	Ex for speech device rx, 1hr	68.02
		92608	Ex for speech device rx addl	13.42
		92609	Use of speech device service	36.86
		92610	Evaluate swallowing function	26.16
*		92700	Ent procedure/service	B.R.
*		92978	Intravasc us, heart add-on	108.29
*		92979	Intravasc us, heart add-on	54.37
*		93012	Transmission of ecg	#
*		93024	Cardiac drug stress test	26.84
*		93025	Microvolt t-wave assess	#
*		93226	ECG monitor/report, 24 hrs	52.32
*		93227	ECG monitor/review, 24 hrs	16.61
*		93231	Ecg monitor/record, 24 hrs	36.40
*		93232	ECG monitor/report, 24 hrs	51.87
*		93236	ECG monitor/report, 24 hrs	62.11
*		93270	ECG recording	29.57
*		93271	Ecg/monitoring and analysis	140.37
*		93278	ECG/signal-averaged	27.75
*		93303	Echo transthoracic	91.68
*		93304	Echo transthoracic	46.41
*		93307	Echo exam of heart	91.68
*		93308	Echo exam of heart	46.41
*		93312	Echo transesophageal	90.77
*		93314	Echo transesophageal	90.77
*		93315	Echo transesophageal	86.91
*		93317	Echo transesophageal	86.91
*		93318	Echo transesophageal intraop	B.R.
*		93320	Doppler echo exam, heart	40.95
*		93321	Doppler echo exam, heart	26.62

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
*		93325	Doppler color flow add-on	69.61
*		93350	Echo transthoracic	42.32
*		93501	Right heart catheterization	402.68
*		93505	Biopsy of heart lining	47.55
*		93508	Cath placement, angiography	298.25
*		93510	Left heart catheterization	880.43
*		93511	Left heart catheterization	856.99
*		93514	Left heart catheterization	856.99
*		93524	Left heart catheterization	1,119.98
*		93526	Rt & Lt heart catheters	1,150.69
*		93527	Rt & Lt heart catheters	1,119.98
*		93528	Rt & Lt heart catheters	1,119.98
*		93529	Rt, lt heart catheterization	1,119.98
*		93530	Rt heart cath, congenital	402.68
*		93531	R & l heart cath, congenital	1,150.69
*		93532	R & l heart cath, congenital	1,119.98
*		93533	R & l heart cath, congenital	1,119.98
*		93555	Imaging, cardiac cath	148.79
*		93556	Imaging, cardiac cath	234.10
		93561	Cardiac output measurement	12.97
		93562	Cardiac output measurement	7.96
		93571	Heart flow reserve measure	108.29
		93572	Heart flow reserve measure	54.37
		93600	Bundle of His recording	46.64
		93602	Intra-atrial recording	26.39
		93603	Right ventricular recording	40.04
		93609	Map tachycardia, add-on	64.84
		93610	Intra-atrial pacing	32.31
		93612	Intraventricular pacing	38.67
		93613	Electrophys map 3d, add-on	229.32
		93615	Esophageal recording	7.74
		93616	Esophageal recording	7.74
		93618	Heart rhythm pacing	94.41
		93619	Electrophysiology evaluation	183.37
		93620	Electrophysiology evaluation	203.61
		93621	Electrophysiology evaluation	83.95
		93622	Electrophysiology evaluation	129.68
		93623	Stimulation, pacing heart	113.07
		93624	Electrophysiologic study	47.32
		93631	Heart pacing, mapping	149.92
		93640	Evaluation heart device	170.40
		93641	Electrophysiology evaluation	170.40
		93642	Electrophysiology evaluation	170.40
		93660	Tilt table evaluation	38.67
		93662	Intracardiac ecg (ice)	B.R.
		93701	Bioimpedance, thoracic	#
*		93721	Plethysmography tracing	17.29
*		93724	Analyze pacemaker system	94.41
*		93731	Analyze pacemaker system	11.83
*		93732	Analyze pacemaker system	12.29

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
*		93733	Telephone analy, pacemaker	17.75
*		93734	Analyze pacemaker system	8.42
*		93735	Analyze pacemaker system	10.92
*		93736	Telephone analy, pacemaker	15.47
*		93740	Temperature gradient studies	Bundled
		93741	Analyze ht pace device sngl	15.92
		93742	Analyze ht pace device sngl	15.92
		93743	Analyze ht pace device dual	17.52
		93744	Analyze ht pace device dual	15.92
*		93770	Measure venous pressure	Bundled
*		93786	Ambulatory BP recording	21.16
*		93799	Cardiovascular procedure	B.R.
		93875	Extracranial study	37.77
		93880	Extracranial study	99.19
		93882	Extracranial study	67.80
		93886	Intracranial study	105.79
		93888	Intracranial study	70.98
		93922	Extremity study	43.23
		93923	Extremity study	67.34
		93924	Extremity study	84.17
		93925	Lower extremity study	114.43
		93926	Lower extremity study	78.49
		93930	Upper extremity study	92.59
		93931	Upper extremity study	66.20
		93965	Extremity study	41.63
		93970	Extremity study	93.50
		93971	Extremity study	66.43
		93975	Vascular study	128.31
		93976	Vascular study	75.30
		93978	Vascular study	83.72
		93979	Vascular study	60.29
		93980	Penile vascular study	98.96
		93981	Penile vascular study	112.16
		93990	Doppler flow testing	78.49
*		94010	Breathing capacity test	19.34
*		94060	Evaluation of wheezing	33.67
*		94070	Evaluation of wheezing	96.91
*		94150	Vital capacity test	Bundled
*		94200	Lung function test (MBC/MVV)	14.11
*		94240	Residual lung capacity	42.32
*		94250	Expired gas collection	15.70
*		94260	Thoracic gas volume	12.29
*		94350	Lung nitrogen washout curve	43.68
*		94360	Measure airflow resistance	12.06
*		94370	Breath airway closing volume	43.68
*		94375	Respiratory flow volume loop	13.42
*		94400	CO2 breathing response curve	18.43
*		94450	Hypoxia response curve	13.19
*		94620	Pulmonary stress test/simple	53.69
*		94621	Pulm stress test/complex	39.81

Outpatient Hospital Services

Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
*		94680	Exhaled air analysis, o2	42.77
*		94681	Exhaled air analysis, o2/co2	64.61
*		94690	Exhaled air analysis	49.14
*		94720	Monoxide diffusing capacity	34.81
*		94725	Membrane diffusion capacity	58.92
*		94750	Pulmonary compliance study	46.64
*		94770	Exhaled carbon dioxide test	38.90
*		94772	Breath recording, infant	97.32
*		94799	Pulmonary service/procedure	B.R.
		95805	Multiple sleep latency test	382.88
		95806	Sleep study, unattended	#
		95807	Sleep study, attended	269.82
		95808	Polysomnography, 1-3	285.74
		95810	Polysomnography, 4 or more	376.06
		95811	Polysomnography w/cpap	382.88
*		95812	Eeg, 41-60 minutes	99.64
*		95813	Eeg, over 1 hour	118.53
*		95816	Eeg, awake and drowsy	75.08
*		95819	Eeg, awake and asleep	89.86
*		95822	Eeg, coma or sleep only	108.75
*		95824	Eeg, cerebral death only	10.01
*		95827	Eeg, all night recording	54.60
*		95829	Surgery electrocorticogram	868.37
		95831	Limb muscle testing, manual	9.55
		95832	Hand muscle testing, manual	9.55
		95833	Body muscle testing, manual	16.15
		95834	Body muscle testing, manual	20.25
		95851	Range of motion measurements	5.69
		95852	Range of motion measurements	3.87
*		95858	Tensilon test & myogram	9.78
*		95860	Muscle test, one limb	27.75
*		95861	Muscle test, 2 limbs	17.97
*		95863	Muscle test, 3 limbs	22.52
*		95864	Muscle test, 4 limbs	42.54
*		95867	Muscle test cran nerv unilat	13.88
*		95868	Muscle test cran nerve bilat	16.84
*		95869	Muscle test, thor paraspinal	5.23
*		95870	Muscle test, nonparaspinal	5.23
*		95872	Muscle test, one fiber	14.56
*		95875	Limb exercise test	29.35
*		95900	Motor nerve conduction test	21.84
*		95903	Motor nerve conduction test	18.65
*		95904	Sense nerve conduction test	18.65
*		95920	Intraop nerve test add-on	30.94
*		95921	Autonomic nerv function test	9.10
*		95922	Autonomic nerv function test	9.10
*		95923	Autonomic nerv function test	58.47
*		95925	Somatosensory testing	21.84
*		95926	Somatosensory testing	21.84
*		95927	Somatosensory testing	21.84

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
*		95930	Visual evoked potential test	23.89
*		95933	Blink reflex test	18.88
*		95934	H-reflex test	5.23
*		95936	H-reflex test	5.23
*		95937	Neuromuscular junction test	8.19
*		95950	Ambulatory eeg monitoring	147.65
*		95951	EEG monitoring/videorecord	857.90
*		95953	EEG monitoring/computer	151.52
*		95954	EEG monitoring/giving drugs	92.36
*		95955	EEG during surgery	47.32
*		95956	Eeg monitoring, cable/radio	336.70
*		95957	EEG digital analysis	40.72
*		95958	EEG monitoring/function test	41.86
*		95961	Electrode stimulation, brain	30.94
*		95962	Electrode stim, brain add-on	30.94
	PA	95965	Meg, spontaneous	B.R.
	PA	95966	Meg, evoked, single	B.R.
	PA	95967	Meg, evoked, each addl	B.R.
		96000	Motion analysis, video/3d	#
		96001	Motion test w/ft press meas	#
		96002	Dynamic surface emg	#
		96003	Dynamic fine wire emg	#
		96567	Photodynamic tx, skin	#
		97001	Pt evaluation	38.45
		97002	Pt re-evaluation	19.34
		97003	Ot evaluation	37.31
		97004	Ot re-evaluation	#
		97005	Athletic train eval	#
		97006	Athletic train reeval	#
	LE	97010	Hot or cold packs therapy	Bundled
	LE	97012	Mechanical traction therapy	9.10
	LE	97014	Electric stimulation therapy	8.64
	LE	97016	Vasopneumatic device therapy	8.64
	LE	97018	Paraffin bath therapy	4.09
	LE	97020	Microwave therapy	2.96
	LE	97022	Whirlpool therapy	9.10
	LE	97024	Diathermy treatment	2.96
	LE	97026	Infrared therapy	2.96
	LE	97028	Ultraviolet therapy	3.64
	LE	97032	Electrical stimulation	10.01
	LE	97033	Electric current therapy	12.51
	LE	97034	Contrast bath therapy	8.64
	LE	97035	Ultrasound therapy	7.51
	LE	97036	Hydrotherapy	14.11
	LE	97039	Physical therapy treatment	7.28
	LE	97110	Therapeutic exercises	17.06
	LE	97112	Neuromuscular reeducation	17.52
	LE	97113	Aquatic therapy/exercises	18.20
	LE	97116	Gait training therapy	15.02
	LE	97124	Massage therapy	13.65

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
	LE	97139	Physical medicine procedure	9.78
	LE	97140	Manual therapy	16.15
	LE	97150	Group therapeutic procedures	11.38
		97504	Orthotic training	17.29
	LE	97520	Prosthetic training	16.84
	LE	97530	Therapeutic activities	17.29
	LE	97532	Cognitive skills development	14.79
	LE	97533	Sensory integration	15.70
	LE	97535	Self care mngment training	18.65
	LE	97537	Community/work reintegration	16.61
		97542	Wheelchair mngment training	#
		97545	Work hardening	#
		97546	Work hardening add-on	#
		97601	Wound(s) care, selective	24.12
		97602	Wound(s) care non-selective	10.01
		97703	Prosthetic checkout	13.65
	LE	97750	Physical performance test	17.52
		97799	Physical medicine procedure	B.R.
		97802	Medical nutrition, indiv, in	10.92
		97803	Med nutrition, indiv, subseq	10.92
		97804	Medical nutrition, group	4.32
		99091	Collect/review data from pt	Bundled
		A4641	Diagnostic imaging agent	B.R.
		A4642	Satumomab pendetide per dose	B.R.
		A4643	High dose contrast MRI	B.R.
		A4644	Contrast 100-199 MGs iodine	B.R.
		A4645	Contrast 200-299 MGs iodine	B.R.
		A4646	Contrast 300-399 MGs iodine	B.R.
		A4647	Supp- paramagnetic contr mat	Bundled
		A9500	Technetium TC 99m sestamibi	80.00
		A9502	Technetium TC99M tetrofosmin	B.R.
		A9503	Technetium TC 99m medronate	B.R.
		A9504	Technetium tc 99m apcitide	B.R.
		A9505	Thallous chloride TL 201/mci	34.00
		A9507	Indium/111 capromab pendetid	B.R.
		A9508	lobenguane sulfat I-131	B.R.
		A9510	Technetium TC99m Disofenin	B.R.
		A9511	Technetium TC 99m depreotide	B.R.
		A9512	Technetiumtc99mpertechnetate	B.R.
		A9513	Technetium tc-99m mebrofenin	B.R.
		A9514	Technetiumtc99mpyrophosphate	B.R.
		A9515	Technetium tc-99m pentetate	B.R.
		A9516	I-123 sodium iodide capsule	B.R.
		A9517	I-131 sodium iodide capsule	B.R.
		A9518	I-131 sodium iodide solution	B.R.
		A9519	Technetiumtc-99mmacroag albu	B.R.
		A9520	Technetiumtc-99m sulfur clld	B.R.
		A9521	Technetiumtc-99m exametazine	B.R.
		A9522	Indium111britumomabtiuxetan	B.R.
		A9523	Yttrium90ibritumomabtiuxetan	B.R.

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		A9524	Iodinated I-131 serumalbumin	B.R.
		A9600	Strontium-89 chloride	B.R.
		A9603	I-131sodiumiodidecap per mci	B.R.
		A9605	Samarium sm153 lexidronamm	B.R.
		A9699	Noc therapeutic radiopharm	#
		A9700	Echocardiography Contrast	B.R.
	EPA	G0030	PET imaging prev PET single	1,179.38
	EPA	G0031	PET imaging prev PET multiple	1,503.13
	EPA	G0032	PET follow SPECT 78464 singl	1,185.22
	EPA	G0033	PET follow SPECT 78464 mult	1,503.13
	EPA	G0034	PET follow SPECT 76865 singl	1,185.22
	EPA	G0035	PET follow SPECT 78465 mult	1,503.13
	EPA	G0036	PET follow cornry angio sing	1,179.38
	EPA	G0037	PET follow cornry angio mult	1,503.13
	EPA	G0038	PET follow myocard perf sing	1,179.38
	EPA	G0039	PET follow myocard perf mult	1,508.98
	EPA	G0040	PET follow stress echo singl	1,179.38
	EPA	G0041	PET follow stress echo mult	1,503.13
	EPA	G0042	PET follow ventriculogm sing	1,179.38
	EPA	G0043	PET follow ventriculogm mult	1,503.13
	EPA	G0044	PET following rest ECG singl	1,179.38
	EPA	G0045	PET following rest ECG mult	1,503.13
	EPA	G0046	PET follow stress ECG singl	1,179.38
	EPA	G0047	PET follow stress ECG mult	1,503.13
		G0103	Psa, total screening	20.82
		G0106	Colon CA screen;barium enema	53.01
		G0107	CA screen; fecal blood test	3.68
		G0120	Colon ca scrn; barium enema	53.01
		G0122	Colon ca scrn; barium enema	53.01
	EPA	G0125	PET image pulmonary nodule	1,185.22
		G0130	Single energy x-ray study	18.88
		G0202	Screeningmammographydigital	59.38
		G0204	Diagnosticmammographydigital	58.47
		G0206	Diagnosticmammographydigital	47.09
	EPA	G0210	PET img wholebody dxlung	1,219.78
	EPA	G0211	PET img wholbody init lung	1,219.78
	EPA	G0212	PET img wholebod restag lung	1,219.78
	EPA	G0213	PET img wholbody dx	1,219.78
	EPA	G0214	PET img wholebod init	1,219.78
	EPA	G0215	PETimg wholebod restag	1,219.78
	EPA	G0216	PET img wholebod dx melanoma	1,219.78
	EPA	G0217	PET img wholebod init melan	1,219.78
	EPA	G0218	PET img wholebod restag mela	1,219.78
		G0219	PET img wholbod melano nonco	#
	EPA	G0220	PET img wholebod dx lymphoma	1,219.78
	EPA	G0221	PET imag wholbod init lympho	1,219.78
	EPA	G0222	PET imag wholbod resta lymph	1,219.78
	EPA	G0223	PET imag wholbod reg dx head	1,219.78
	EPA	G0224	PET imag wholbod reg ini hea	1,219.78
	EPA	G0225	PET whol restag headneckonly	1,219.78

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
	EPA	G0226	PET img wholbody dx esophagl	1,219.78
	EPA	G0227	PET img wholbod ini esophage	1,219.78
	EPA	G0228	PET img wholbod restg esopha	1,219.78
	EPA	G0229	PET img metaboloc brain pres	1,219.78
	EPA	G0230	PET myocard viability post	1,219.78
	EPA	G0231	PET WhBD colorec; gamma cam	1,219.78
	EPA	G0232	PET whbd lymphoma; gamma cam	1,219.78
	EPA	G0233	PET whbd melanoma; gamma cam	1,219.78
	EPA	G0234	PET WhBD pulm nod; gamma cam	1,219.78
		G0236	Digital film convert diag ma	9.78
		G0237	Therapeutic procd strg endur	#
		G0238	Oth resp proc, indiv	#
		G0239	Oth resp proc, group	#
		G0243	Multisour photon stero treat	B.R.
		G0252	PET imaging initial dx	#
	EPA	G0253	PET image brst dection recur	1,526.26
	EPA	G0254	PET image brst eval to tx	1,526.26
		G0255	Current percep threshold tst	#
		G0256	Prostate brachy w palladium	#
		G0261	Prostate brachy w iodine see	#
		G0262	Sm intestinal image capsule	#
		G0265	Cryopresevation Freeze+stora	#
		G0266	Thawing + expansion froz cel	#
		G0273	Pretx planning, non-Hodgkins	#
		G0274	Radiopharm tx, non-Hodgkins	#
		G0275	Renal angio, cardiac cath	#
		G0278	Iliac art angio,cardiac cath	#
		G0279	Excorp shock tx, elbow epi	#
		G0280	Excorp shock tx other than	#
		G0288	Recon, CTA for surg plan	#
		G0295	Electromagnetic therapy onc	#
		P3000	Screen pap by tech w md supv	14.60
		P9612	Catheterize for urine spec	2.45
		Q0111	Wet mounts/ w preparations	4.83
		Q0112	Potassium hydroxide preps	4.83
		Q0113	Pinworm examinations	6.12
		Q0114	Fern test	8.09
		Q0115	Post-coital mucous exam	11.20
		Q1001	Ntiol category 1	50.00
		Q1002	Ntiol category 2	50.00
		Q3002	Gallium ga 67	B.R.
		Q3003	Technetium tc99m bicsiate	B.R.
		Q3004	Xenon xe 133	B.R.
		Q3005	Technetium tc99m mertiatide	B.R.
		Q3006	Technetium tc99m glucepatate	B.R.
		Q3007	Sodium phosphate p32	B.R.
		Q3008	Indium 111-in pentetreotide	B.R.
		Q3009	Technetium tc99m oxidronate	B.R.
		Q3010	Technetium tc99mlabeledrbc	B.R.
		Q3011	Chromic phosphate p32	B.R.

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Effective 8/1/03	Prior Auth. (PA) Required?	Procedure Code	Brief Description	Maximum Allowable
		Q3012	Cyanocobalamin cobalt co57	B.R.
		Q3014	Telehealth facility fee	#
		S3600	Stat lab	3.35
		V2785	Corneal tissue processing	1,850.00